



Consumer Advisory Group

Consumer Representative Application Form

Please complete the following form to express your interest in joining the Burnside Hospital Consumer Advisory Group (CAG).

*A health consumer is a patient, family member or carer

If you require assistance completing this form, please call 8202 7208.

Contact details

Title:	Gender	Date:			
.....			
Name:				
Address:				
				
Mobile:				
Email:				
Age range:	18-24 <input type="checkbox"/>	25-39 <input type="checkbox"/>	40-64 <input type="checkbox"/>	65-74 <input type="checkbox"/>	75+ <input type="checkbox"/>

Please select any of the following that apply to you:

- I am a person with a disability
- I identify as an Aboriginal and/or Torres Strait Islander
- I identify as a member of a cultural or ethnic group
- I am a current or past practicing healthcare professional
- I am/have been a carer
- I am a person from a non-English speaking background
- I have been a patient (or carer of a patient) of Burnside Hospital
- I have private health cover

What services do you have consumer knowledge and experience of? (select all that apply)

Facility	Day visit/surgery	Overnight stay	Obstetrics (Maternity)
Burnside Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A public hospital in SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another private hospital in SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:



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What health issues do you have knowledge or experience of?

What other healthcare areas or issues interest you?

How would you like to get involved with the Burnside Hospital? (select one or more of the following)

- Be informed – receive information such as newsletters
- Time limited activities – get involved at workshops or meetings to assist in improving services
- Committee representation/membership – become a Consumer Representative on Burnside Hospital's Consumer Advisory Group
- Online consultation – provide your feedback on documents we publish online or send to you by email.

Please add any other comments:

Thank you for taking the time to complete your registration for participation in Burnside Hospital's consumer engagement. Please submit to the Executive Officer by email or post, or return this form to the hospital's main Reception.

Imozzi@burnsidehospital.asn.au

Luisa Mozzi
Executive Assistant
Burnside Hospital
120 Kensington Road
Toorak Gardens SA 5065

By submitting the Consumer Representative Application Form, it means that you have consented to having your personal details added to the Burnside Hospital Consumer Engagement Register. Your personal details will remain confidential, and will only be used for the purposes of consumer engagement activities coordinated by the hospital.

You can accept or decline any offer to participate and at any given time your details can be removed from the Burnside Hospital Consumer Engagement Register on your request.