



Join as a Consumer Representative

Expression of Interest Form

Please complete as much or as little information as you feel comfortable providing.

Your information will help Merri Health to offer you a project or activity that is most relevant to your experience, and that may be of interest to you.

Your information will be handled and maintained in line with the Merri Health Privacy and Consent Procedure and relevant privacy legislation.

Contact details				
First Name		Surname		
Street Address		Suburb		Postcode
Phone (H)		Phone / mobile		

Email address				
Interpreter required	YES	Language		
	NO	Auslan required	YES	NO

Date of Birth	
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Do you need any other support? (for example, translated material or any other support you can think of)	
YES	
NO	
If YES, please specify	

Tell us about yourself including your experience as a consumer, carer or community member?

Why are you interested in becoming a Consumer Representative with Merri Health?

Which services at Merri Health have you or your family used?

How would you like us to contact you about opportunities?

Mobile	
Home phone	
Work phone	
Email	
Post	

Gender	
Female	
Male	
Gender diverse	
Prefer not to say	
Prefer to self-describe (please specify)	

What are your pronouns? (for example, she/her, he/him, they/them)

Do you identify as being part of the LGBTQIA+ community/ies?	
YES	
NO	
Prefer not to say	
If so, which community/ies:	

Are you or your family Aboriginal and/or Torres Strait Islander? (please circle)	
Yes. Aboriginal	
Yes. Torres Strait Islander	
Yes. Both Aboriginal & Torres Strait Islander	
No	
If YES, who (e.g. me/my children/my partner/my mother, etc.)	

Country of birth	

Cultural background	

Do you speak any other language(s) than English?	
YES	
NO	
If YES, what language(s)?	

Are you a carer?	
YES	
NO	
If YES, what extra needs does the person you care for have?	

Do you have a health condition?	
YES	
NO	
If YES, please specify	

Do you have any dietary requirements? (for catering purposes)	
YES	
NO	
If YES, please specify	

What is your preferred mode of transport? For example, your own car, public transport, etc.

What days & times are you currently available? (We know this may change for you over time)	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday (ONLY for special events)	
Sunday (ONLY for special events)	
Please include times for the days you are available (e.g. mornings, afternoons, evenings)	

Are you interested in finding out more about the:	
Consumer Advisory Committee	
Consumer Register	

Emergency Contact Information	
Who do we need to contact if something happens to you while you are at a Merri Health related event or meeting?	
Full name	
Relationship to you	
Phone	
Email	
Postal address	

As a Consumer Representative, you are an internal part of Merri Health and will be receiving newsletters to keep you up to date with what's happening at Merri Health (approximately 5 newsletters a year).	
I do not want to receive the newsletters	
If you would only like to get newsletters digitally, please confirm your email address	

Where did you hear about being a Merri Health consumer representative?	
Merri Health website	
Flyer or poster	
From a Merri Health employee/volunteer	
Merri Health's Facebook post	
Other (please specify)	