

# The Wesley Hospital Partnering with Consumers Committee

## EXPRESSION OF INTEREST

The Wesley Hospital is committed to ensuring that the services and care provided to our patients are patient centred and driven by best practice. We believe that active and inclusive engagement with our consumers is intrinsic to this.

Guided by our Values and commitment to “Working Together,” The Wesley Hospital is seeking expressions of interest from past patients, family members, carers or other community representatives interested in joining the ***Partnering with Consumers Committee***.

The Partnering with Consumers Committee provides a unique opportunity to;

- Consult – to provide a consumer perspective on issues in order to influence the provisions of care
- Involve – to support the exchange of information about patient care between services providers and consumers
- Collaborate – to work with other consumer and the hospital to develop health care improvement strategies
- Empower – to give consumers an opportunity to influence the quality of health care

### **The Wesley Hospital (TWH) is seeking:**

- Individuals who have had experience as a patient or carer of health services provided by The Wesley hospital.
- Individuals who have been part of the healthcare system and understand its processes, at a basic level.
- Individuals who are able to provide an objective patient / consumer view on hospital / healthcare matters.
- Individuals who are committed to actively participate in meetings, able to understand and influence improvement in health services for the diverse needs and overall well-being of all consumers.
- Individuals who respect the opinion of others and the different perspectives they bring to a discussion.
- Individuals who are able to commit to attending a minimum of six meetings per year with a minimum fixed tenure of two years.

### **Do you want to make a difference to our healthcare services?**

### **Apply to be a Consumer Representative on the Partnering with Consumers Committee:**

For further information, or if you would like to apply to become a consumer representative, please complete the Application Form and return with a covering letter by email to:

Rosa Deane

Executive assistant to Director of Clinical Services and General Manager

Email: [rosa.deane@uchealth.com.au](mailto:rosa.deane@uchealth.com.au)

Phone: 3232 7271

# The Wesley Hospital Partnering with Consumers Committee

## APPLICATION FORM

<b>GIVEN NAME/S</b>							
<b>SURNAME</b>							
<b>PHONE NUMBER/S</b>							
<b>ADDRESS</b>							
<b>EMAIL</b>							
<b>OCCUPATION</b>							
<b>AGE GROUP</b>	<input type="checkbox"/> 18 - 30	<input type="checkbox"/> 31 - 50	<input type="checkbox"/> 51 - 70	<input type="checkbox"/> 70 +	<b>GENDER</b>		
<b>COMMUNICATION</b>	Do you use any language/s other than English?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify: _____						
<b>IN WHAT CAPACITY ARE YOU NOMINATING?</b>							
<b>Health Care Consumer:</b>							
You have directly used or experienced health care as a family member or carer					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
You have been a patient at The Wesley Hospital within the past 12 months					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which area are you interested in as a consumer?		<input type="checkbox"/> Acute Care – Surgery <input type="checkbox"/> Acute Care – Medical <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Maternity <input type="checkbox"/> Paediatric <input type="checkbox"/> Cancer Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Dialysis <input type="checkbox"/> Other (Please specify) _____					
<b>Community Member:</b>							
Are you a member of any community group/s?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What are the targeted consumer fields you are interested in?		<input type="checkbox"/> General Community <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Disability Services <input type="checkbox"/> Non-English Speaking Community					
<b>Service Provider:</b>							
You provide health care services in the community					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any experience/s as a community representative on any other Consumer committee at another health care facility?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

# The Wesley Hospital Partnering with Consumers Committee

<b>CONFLICT OF INTEREST</b>	Do you identify any possible conflict of interest that may affect your ability to act as an independent member of the committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide details: _____ _____ _____		
<b>OTHER:</b>	Are you currently a volunteer at The Wesley Hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Should you not be selected for this committee, would you be interested in being a consumer representative on another committee or serve as a member on a focus group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By submitting this application, you are agreeing that all of the information you have provided is complete and accurate. You acknowledge that the information you have provided in your application will be used to assess your suitability for appointment to the Partnering with Consumers Committee.

**Please provide a covering letter addressing the following:**

1. What do you hope to achieve by being part of the Partnering with Consumers Committee?
2. Please list any formal qualifications, work and/or volunteer experiences you have had the opportunity to be involved in.
3. How do the values of UnitingCare (Respect, Compassion, Leading through Learning, Working Together) align with your personal values?
4. Do you have any criminal convictions?

You understand there is mandatory orientation and training that must be undertaken to maintain a safe working environment.

A reference check will be needed as part of the recruitment process. Please provide details for two referees:

Are the following nominated referees aware that they may be contacted?  Yes  No

<b>REFEREE 1</b>	Name	
	Relationship	
	Work Title	
	Contact number	
	Email Address	

<b>REFEREE 2</b>	Name	
	Relationship	
	Work Title	
	Contact Number	
	Email Address	