# Consumer Advisors

* Do you want to get involved to improve health care in the Southern district?
* Do you want to have a say in how things happen and help the Southern health system understand what you need from health services?

Consumer advisors are people who collaborate with health staff to ensure a patient/ community voice is a part of the decision-making.

A consumer advisor can interact with and influence staff and participate in co-design aimed at improvements in planning, delivery, monitoring and evaluation of health services.

The people we are looking for want to be involved in the decisions made by the health service – with the aim of building a better health service for everyone.

If that sounds like you, please complete the form on the next page. Return by email to Kathryn.harkin@southerndhb.govt.nz or post to Te Whatu Ora Southern, Private Bag 1921, Dunedin 9054, New Zealand – mark attention: Consumer Liaison

**How can Consumer Advisors participate in a project?**

* The Consumer Liaison maintains a database of people who want to be engaged and support our health system here in the Southern district.
* The database will help identify advisors who are best suited for particular projects based on their areas of interest, experience and available time.
* People on the database may be contacted by the Consumer Liaison to submit an expression of interest, or when areas of interest are matched to a specific project. The Project Lead will confirm which Advisor(s) is selected to join the group.

For more information about this way of working please contact the Consumer Liaison

Phone: (03) 470 9691

Email: Kathryn.harkin@southerndhb.govt.nz

Privacy Agreement

*The information we are collecting from you will be used by Te Whatu Ora Southern/WellSouth staff for the sole purpose of facilitating your engagement with us. Your personal information will not be used for any other purpose and we will not disclose your personal information to any external person or organisation. Your details will be shared with the Chair of the Community Health Council to facilitate oversight of consumer engagement and provide ongoing support to all advisors. Your name may be shared with the Community Health Council members and, if you provide advice to a project or workstream, will be published in the Community Health Council Annual Report. Your personal information will be stored securely by Te Whatu Ora Southern. Should you no longer wish to be a Consumer Advisor, please notify the Consumer Liaison who will remove your information from the database.*

**Consumer Advisor Expression of Interest Form**

Please complete sections below

|  |  |
| --- | --- |
| **Title**  |  Mrs Mr Ms Miss Dr Mx  |
| **Name** |  |
| **Address**  |  |
|  |
| **Phone** |  |
| **Email** |  |
| **Gender**  | Female Male Other  Preferred pronouns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Birth** |  |
| **Ethnicity** |

|  |  |
| --- | --- |
|  | New Zealand European |
|  | Māori Iwi Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Pasifika |
|  | Asian |
|  | Indian Subcontinent |
|  | Other Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| **I am currently***(tick as many as applicable)* |

|  |  |
| --- | --- |
|  | Working in paid employment full time |
|  | Working in paid employment part time |
|  | Looking for work |
|  | Engaged in domestic duties |
|  | Engaged in voluntary work |
|  | Retired |
|  | Unable to work |
|  | A student |
|  | Other (please specify) |

 |
| **I agree to the above privacy agreement**  | Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Please tell us a little about yourself, your background, and your interests in health?
2. Please tell us any services within Te Whatu Ora from which you have experienced care within the last few years?
3. Please tick up to 3 fields you have an understanding and/or knowledge of below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Fields**  | Patient / personal interest perspective | Whānau/ family support carer perspective | General interest perspective |
| Tick up to 3 fields | Tick up to 3 fields | Tick up to 3 fields |
| Alcohol & Other Drugs |  |  |  |
| Disability + DEAF |  |  |  |
| Injury |  |  |  |
| LGBT+ Health |  |  |  |
| Long Term Conditions |  |  |  |
| Māori Health |  |  |  |
| Men’s Health  |  |  |  |
| Mental Health & Addictions |  |  |  |
| Older Persons |  |  |  |
| Oral Health |  |  |  |
| Pacific Peoples Health |  |  |  |
| Palliative Care |  |  |  |
| Primary Health |  |  |  |
| Public Health |  |  |  |
| Rural Health |  |  |  |
| Refugee Health |  |  |  |
| Sexual Health |  |  |  |
| Women’s Health |  |  |  |
| Youth & Children’s Health |  |  |  |
| Other (please state) |  |  |  |

Please indicate if you are currently in the process of a having a complaint investigated with either Te Whatu Ora Southern, WellSouth or Health Disability Commission

 Yes No

I consent to any images taken of me during project involvement to be used for communications purposes and to my name being published in the CHC Annual Report

 Yes No