

## Community Health Council (CHC) 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?
- CHC advisors are people who collaborate with health staff to ensure a patient/community voice is a part of the decision-making.
- A CHC advisor operates at a high level within the Southern health system interacting and influencing staff and participating 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 [chc@southerndhb.govt.nz](mailto:chc@southerndhb.govt.nz) or post to Southern DHB, Private Bag 1921, Dunedin 9054, New Zealand – mark attention: Consumer Liaison

## How can CHC advisors participate in a project?

- The CHC 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 to participate when areas of interest are matched to a specific project. The Project Lead will confirm which CHC Advisor(s) is selected to join the group.

For more information about this way of working please contact Kathryn Harkin- Consumer Liaison

Phone: (03) 470 9691

Email: [chc@southerndhb.govt.nz](mailto:chc@southerndhb.govt.nz)

## Privacy Agreement

*The information we are collecting from you will be used by Southern Health staff for the sole purpose of facilitating your engagement with us. Your personal information will not be used by Southern Health for any other purpose and we will not disclose your personal information to any person or organisation outside of Southern Health. Your name will be published as a Community Health Council Advisor in the Community Health Council Annual Report. Your personal information will be securely stored with the Community Health Council, Consumer Liaison, at Southern DHB.*

## CHC Advisor Expression of Interest Form

Please complete sections below

<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Mx																		
<b>Name</b>																			
<b>Address</b>																			
<b>Phone</b>																			
<b>Email</b>																			
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Preferred pronouns _____																		
<b>Date of Birth</b>																			
<b>Ethnicity</b>	<table border="1"> <tr><td><input type="checkbox"/></td><td>New Zealand European</td></tr> <tr><td><input type="checkbox"/></td><td>Māori Iwi Affiliation _____</td></tr> <tr><td><input type="checkbox"/></td><td>Samoan</td></tr> <tr><td><input type="checkbox"/></td><td>Cook Islands Māori</td></tr> <tr><td><input type="checkbox"/></td><td>Tongan</td></tr> <tr><td><input type="checkbox"/></td><td>Niuean</td></tr> <tr><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td><input type="checkbox"/></td><td>Indian</td></tr> <tr><td><input type="checkbox"/></td><td>Other eg. Dutch, Japanese. Please state _____</td></tr> </table>	<input type="checkbox"/>	New Zealand European	<input type="checkbox"/>	Māori Iwi Affiliation _____	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Cook Islands Māori	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other eg. Dutch, Japanese. Please state _____
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<b>I am currently</b> (tick as many as applicable)	<table border="1"> <tr><td><input type="checkbox"/></td><td>Working in paid employment full time</td></tr> <tr><td><input type="checkbox"/></td><td>Working in paid employment part time</td></tr> <tr><td><input type="checkbox"/></td><td>Looking for work</td></tr> <tr><td><input type="checkbox"/></td><td>Engaged in domestic duties</td></tr> <tr><td><input type="checkbox"/></td><td>Engaged in voluntary work</td></tr> <tr><td><input type="checkbox"/></td><td>Retired</td></tr> <tr><td><input type="checkbox"/></td><td>Unable to work</td></tr> <tr><td><input type="checkbox"/></td><td>A student</td></tr> <tr><td><input type="checkbox"/></td><td>Other (please specify)</td></tr> </table>	<input type="checkbox"/>	Working in paid employment full time	<input type="checkbox"/>	Working in paid employment part time	<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Engaged in domestic duties	<input type="checkbox"/>	Engaged in voluntary work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>	A student	<input type="checkbox"/>	Other (please specify)
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<input type="checkbox"/>	Other (please specify)																		

1. Please tell us a little about yourself, your background, and your interests in health?

2. Please tick up to 3 fields (for each column) 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			
Public Health			
Rural Health			
Primary 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 the DHB, WellSouth or Health Disability Commission

☐ Yes ☐ No

If I become a CHC Advisor, I consent to any images taken of me during project involvement to be used for CHC communications purposes.

☐ Yes ☐ No

Please confirm you are double-vaccinated and have attached a copy of your vaccine pass

☐

Yes

☐

No

Thank you for your interest. You may be contacted as projects arise in your areas of interest.