

Consumer Register

Membership form

The Women's and Children's Health Network is committed to working in partnership with children, young people, parents, caregivers and families so that we can continue to improve our services and ensure we meet families' needs. The Health Network is looking for active consumers of our services or consumers who have used a service within the last three years.

This membership form will allow the Community Engagement Unit – Consumer team to be aware of your contact details and areas of interest.

OPTION ONE: Online Consultation – Basecamp *(please tick if interested and complete details below)*

To be invited by email to consult on health information produced by the Women's and Children's Health Network.

OPTION TWO: Full membership *(please tick if interested and complete details below)*

To sign up to receive monthly e-newsletter, invited into Basecamp and be considered for project activities and committee work.

OTHER MEMBERSHIP OPTIONS *(please tick if interested)*

Kids Klub

I have a child or children less than 12 years of age who would like to participate or learn more about the Kids Klub.

Kids Klub is a group of children who meet for consultation in the school holidays.

Volunteering

I would like to be contacted by the Volunteer Manager to learn more about volunteering.

Medical or Health Research

I would like to be contacted by a member of the research team to learn more about getting involved in research.

OPTION ONE: Online Consultation – Basecamp

Name:	Email:
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OPTION TWO: Full membership

Name:	Email:		
Address:			
Home phone:		Mobile phone:	
Best contact approach (please tick)			
Home phone <input type="checkbox"/>	Mobile call <input type="checkbox"/>	Email <input type="checkbox"/>	SMS <input type="checkbox"/>
Do you identify as any of the following? (please highlight or circle)			
Aboriginal	Torres Strait Islander	Newly arrived	Migrant
Living with a physical disability	Living with a mental disability	Living with a social disability	Lived experience with mental health / illness



I require an interpreter	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate language/s:		
I do not require an interpreter, but English is my second language	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate language/s:		
I am supported by an assistant dog	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What area of women, children's or youth health are you interested in? (please tick)	Children's health <input type="checkbox"/>	Adolescent health <input type="checkbox"/>	Women's health <input type="checkbox"/>
	Child and adolescent mental health <input type="checkbox"/>	Child and family health <input type="checkbox"/>	Birth and pregnancy <input type="checkbox"/>
	Aboriginal health <input type="checkbox"/>	Disability and health <input type="checkbox"/>	Sexual health <input type="checkbox"/>
	Migrant health <input type="checkbox"/>	Safety and quality in health <input type="checkbox"/>	Trauma <input type="checkbox"/>
I have skills and knowledge to be considered for a health advisory committee or board	Yes <input type="checkbox"/> No <input type="checkbox"/>	I am interested in project activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am interested in writing articles and contributing to the WCHN consumer newsletter	Yes <input type="checkbox"/> No <input type="checkbox"/>	I am interested in training WCHN staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am available Monday to Friday 8am – 6pm to participate	Yes <input type="checkbox"/> No <input type="checkbox"/>	To participate I would need support with (please tick)	Child care <input type="checkbox"/> Transport <input type="checkbox"/>

Please return completed form by post or email to:

Consumer and Community Engagement Unit
72 King William Street
North Adelaide SA 5006

Email: Health.WCHNConsumerEngagement@health.sa.gov.au

For more information please contact the Director, Consumer and Community Engagement on 8161 6935.

Please note: Any information you provide in this membership form is confidential. Information will be stored in an access file on a SA Health server. Your personal information will not be provided to third parties without your verbal and/or written consent

For more information

**Consumer and Community Engagement
Women's and Children's Health Network
Women's and Children's Hospital campus
72 King William Street
North Adelaide SA 5006
www.wch.sa.gov.au**

