# Consumer Council Expression of Interest Guidance

The Consumer Council has the mission to provide a strong and viable voice for the South Canterbury community and consumers on health service planning and delivery. We are looking for individuals to formally express an interest to be on the Consumer Council. It is expected that initially the Consumer Council will meet quarterly.

***Timeline***

* Wednesday 12 July Deadline for completed forms to be submitted
* Week of 17 July Successful members will be endorsed by the CEO (or delegate) and notified
* Wednesday 26 July First meeting is currently scheduled to occur

***Submissions***

Please complete the form below and either:

* Sign, scan and email [jryan@scdhb.health.nz](mailto:jryan@scdhb.health.nz)
* Sign and post Jenny Ryan, Quality and Risk Department- Patient Experience, Timaru

Hospital, Private Bag 911, Timaru 7940

***Things to note***

* Expression of interests can be received up to 5pm on Wednesday 12 July 2017
* Applicants will be considered by the steering group with applicants being submitted to the CEO for endorsement.
* Applicants may be asked to attend a “Meet the Applicants” forum prior to selection on to the Consumer Council.

# Consumer Council Expression of Interest Form

I, Type full name here. , would like to express interest in becoming a member of the South Canterbury DHB Consumer Council.

***About me***

Work Role/Position (optional) Click here to enter text.

Address Click here to enter address.

E-mail Click here to enter email.

Best day time phone number Click here to enter phone number.

***Interests***

I believe I would make a valuable member to the Council and able to reflect the consumer voice in the following area/s of interest (Click in box to select.):

Children and young people

Mental Health and addictions services

Men’s Health

Māori and Pacifica

Chronic Conditions

The Elderly consumer

Women’s health

Immigrant/minority groups

Rural/remote consumers

Intellectual, physical or sensory disability

***Introduction***

Please provide a descriptionof attributes, skills and experience relevant to the role of a Consumer Council Member, and the particular area (s) of experience or interest.

Click here to enter text.

***Signed*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date dd / mm / yyyy

(Please print and sign)