



# Consumer and Community Register

## Personal and contact details

Title: Ms  Mrs  Mr  Dr  Other .....

Family name: .....

Given name: .....

Preferred name: .....

Address: .....

Town/Suburb: .....

State: ..... Post code: .....

Telephone: H ( ) ..... W ( ) .....

Fax: ( ) ..... Mobile: .....

Email: .....

Have you or a close member of your family used the services of the WCH or CYH?

- Yes
- No

Please give details: .....

Why do you want to be involved with Children Youth and Women's Health Service ?

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.....  
.....

What support and training would you need to be able to contribute?

.....

**Do you belong to any groups and networks that involve women, children, and families?**

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.....

**How will you be able to gain other consumer's points of view?**

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.....  
.....

**What areas of WCH or CYH are you interested in?**

- Women's and Babies, Birthing
- Parenting
- Children
- Young people
- Education
- Research and Ethics

**In what ways would you like to be involved?**

- Being a member of an advisory or steering committee
- Being part of a project team, working group
- Being part of a consultation group-reviewing draft health information, brochures and pamphlets
- Being part of an advisory group reviewing policies, procedures, evaluation
- Being part of training and staff development programs such as speaking at conferences and workshops
- Facilitating consumer consultation activities such as running focus groups, helping surveys.

**Availability**

Days: .....

Times: .....

**Would you require assistance with the following?**

- Transport                       Out of pocket expenses
- Child care

Please return completed form to  
Judy Underdown  
Community Participation Facilitator  
72 King William Road SA 5006  
Tel 08 81616835 or Email [judy.underdown@cywhs.sa.gov.au](mailto:judy.underdown@cywhs.sa.gov.au)

