SEED Co-Design Project Steering Committee

# Consumer Expression of Interest

Please complete this form to express your interest in participating in the **SEED Co-Design Project Steering Committee** at **Royal Brisbane and Women’s Hospital**. Applications close **28 July 2021.** Please email the completed form to Adrienne Young (Adrienne.Young@health.qld.gov.au) and/or Anja Christoffersen (Anja.Christoffersen@health.qld.gov.au).

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| **Personal Details** |
| Given Name: | Surname: |
| Address: | Postcode: |
| Phone Number:Mobile: | Email: |
| Organisation (if any): |
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| **Other needs and requirements** |
| Do you require support to attend the activity? Yes / NoI*f yes, please provide details on support that you require, for example, assistance with child care, disability support worker, interpreter.*  |
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| **Affiliations and memberships to other organisations** (please detail below) |
| Consumer organisation/s:  |
| Professional or academic bodies: |
| Advocacy or rights-based organisations:  |
| Human or community service or welfare organisations: |
| Hospital and health service board or health advisory groups |
| Other (please specify) |

**Please outline how you meet the key attributes in the space provided below.**

**Key attributes**

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| 1. Experience with co-design as a patient/consumer or carer.
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| 1. Ability to articulate a consumer perspective and respect and appreciate different perspectives expressed within the activity.
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| 1. Experience or a strong interest in identifying the enablers and barriers to consumer and clinician/staff partnerships
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| 1. An ability to think in an innovative, ‘outside-the-box’ way
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| 1. Ability to commit sufficient time to participate fully in the work of the activity, for example, read papers and attending meetings.
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**Other attributes**

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| 1. A knowledge of or willingness to learn about **co-design** would be a benefit.
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| 1. If selected, meetings will be held on the second Monday of every month. Can you please confirm your time availability on this recurring day?
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