The **Health Consumer Advocacy Network of South Australia** (Health CAN SA - the Network) is a group of health consumer advocates who provide an independent health consumer voice in South Australia to inform government, service providers and policy makers about the experiences, issues and concerns of health consumers and contribute to shared planning and problem solving.

A **Health** **Consumer Advocate** is a person with lived experience who supports, promotes and defends the interests of consumers, carers and/or the community. They may support an individual or stand up for a just cause or a specific position. A consumer advocate is independent of health services and is able to provide a unique perspective and experience of the needs, goals and expectations of the person or cause for which they advocate.

Consumers living in South Australia, or using health services in South Australia (from another state) may self-nominate to join the Network. Health service providers, health professionals and other persons, operating in their professional role, are not eligible to nominate for membership. This does not exclude health service providers or health professionals with lived experience as a health consumer, acting as a health consumer advocate.

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| --- | --- | --- | --- | --- | --- |
| **Name**: | | |  | **Date**: |  |
| **Email**: | | |  | **Telephone**: |  |
| **What type of consumer advocate best represents your role?** (Please tick relevant box) | | | | | |
| [ ] | | **Consumer**: a person who uses or has used health services and wants to share their experience and ideas to improve health care | | | |
| [ ] | | **Carer**: a person who provides care and support to a family member, neighbour, friend who has support needs and cannot self-manage independently. | | | |
| [ ] | | **Community Member**: A member of a group or organisation with a common interest, including non-government organisations and community groups that support the interests of health consumers | | | |
| [ ] | | **Trained/experienced Consumer Representative:** a person who has experience or training in consumer advocacy and contributes in the role of a consumer on a committee or other activity | | | |
| **Why are you interested in becoming a member of Health CAN SA**? | | | | | |
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| **What experience and skills do you feel you can contribute to the Network?** | | | | | |
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| **What are your main areas of interest as a health consumer advocate?** | | | | | |
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| **Do you have any skills or interest in any of the following? (Please tick relevant boxes)** | | | | | |
| [ ] | **Representing interests of a particular group** (eg Aboriginal and Torres Strait Islander people, Culturally and linguistically diverse communities, LGBTQI+, Older people…) | | | | |
| [ ] | **Representing issues related to a specific health condition** (eg Mental Health, Aged Care, Disability, palliative care, chronic health care…) | | | | |
| [ ] | **Health Policy** (eg providing feedback on draft health policy and practice, drafting policy...) | | | | |
| [ ] | **Health and Medical Research** (eg supporting the role of consumers as partners in research and identifying consumer priorities in research...) | | | | |
| [ ] | **Speaking and sharing you health care story** (eg speaking to groups of health providers or community groups about health consumers view and contribution...) | | | | |
| [ ] | **Training and Education** (eg contributing to content for training programs, delivering training...) | | | | |
| [ ] | **Other areas of skills and interest you would bring to the network.** | | | | |
|  | Please outline: | | | | |
| **Is there anything else you would like to tell us about to support your expression of interest?** | | | | | |
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| You can   * Type into it on your computer or other smart device OR * Print and write into this document (then scan or photograph)   Email to;  **Allison Willis Principal Consultant, Health Consumer CoLab**  **Convener, Health CAN SA**  E: [awillis@healthconsumercolab.com.au](mailto:awillis@healthconsumercolab.com.au)  If you have any queries or difficulty completing this form phone Allison on **0409 674 367.** | | | | | |