WEHI Consumer Application Form

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| **Personal Details** |  |
| Full name |  |
| Postal address |  |
| Contact number |  |
| Email address |  |
| Occupation  |  |
| Gender |  |
| Do you identify yourself as Aboriginal or Torres Strait Islander? | ☐ Yes Please specify:☐ No |
| Do you identify yourself from a Culturally and/or Linguistically Diverse background (CALD)? | ☐ Yes Please specify:☐ No |

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| **Your Disease Experience** | Please indicate your disease experience by marking **X on** all that apply |
| Which applies to your experience? | ☐ I am a patient☐ I am a former patient☐ I am a carer☐ I have been both patient and carer |

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| **Your Disease Experience** |  |
| Which category does your disease experience fall under? | ☐ Cancer ☐ Immune disorders☐ Infectious diseases☐ Rare and less common disease☐ Neurological diseases☐ Other \_\_\_\_\_\_\_\_\_ |
| What is your experience with the disease ticked above?If comfortable please list the disease |  |

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| **Your Availability**  |  |
| Are you able to meet with your researcher a minimum of four times a year?*These are face-to-face meetings where you will be involved in a variety of activities; i.e. laboratory tours, visual presentations.* | ☐ Yes☐ No |
| Are you able to participate in 3–4 consumer training workshops per year?*Consumer one-day workshops are held at the Institute to help further your education as an Institute consumer.**Whilst these workshops are not compulsory, your attendance is strongly recommended.*  | ☐ Yes☐ No |

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| **Consumer Training and Involvement** |  |
| Have you undertaken any formal consumer training?If Yes, please list what you have done and where. | ☐ Yes ☐ No |
| Are you currently involved with a consumer organisation and/or acted as a consumer representative on a committee or board?*If yes, please name the organisation, describe your role and include recent activities you have carried out.*  | ☐ Yes ☐ No |
| Do you work for any health or research institutions?If Yes, where? | ☐ Yes ☐ No |
| Do you have previous experience in reviewing research grant applications in the medical field?*(Note: previous experience is not a requirement.)**If yes, please describe your experience.* | ☐ Yes ☐ No |
| What qualities and life skills would you contribute as a consumer? |  |