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? |  |