

## Te Kahu Pairuri Hospice Taranaki Consumer Group

### Expression of Interest

<b>Contact and Personal Details</b> – this information will help us in our efforts to ensure the groups includes a range of consumer representatives who can provided different view points and experience.	
Name	
Date of birth:	
Address:	
Phone number:	
Email:	
Occupation/ Profession:	Please include former occupation if retired.
Ethnicity:	Please include iwi affiliation if applicable.
Do you identify as a person with a disability?	

<b>Why are you interested in being on the consumer group for Te Kahu Pairuri Hospice Taranaki?</b>
<b>Are you involved in any community groups? If yes, please list.</b>
<b>Please describe any involvement you have had with Hospice Taranaki either as a patient or a family member, or if you have had no experience with the service.</b>

Are there any areas of our service you are particularly interested in?

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What skills, qualities and experience do you consider you can bring to the group?

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**Referees**

Please give details of a referee relevant to this role, who is not a relative and who you authorise us to contact.

<b>Name</b>	
<b>Role/ organisation</b>	
<b>Contact details</b> Phone Email	

**Declaration**

I (full Name) .....

Declare that to the best of my knowledge, my answers to all the questions in this form are correct.