

HCC Membership Application Form



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

There is currently no charge to be an individual member of the Health Consumers' Council

Salutation: _____ Name: _____

Email: _____@_____

Date of birth: _____ Country of birth: _____

Language/s spoken at home: _____

Do you identify as Aboriginal or Torres Strait Islander: Yes No

Contact Number/s: _____ or _____

Address: _____

Suburb: _____ Postcode: _____

To help keep costs down and information current, we would prefer for you to receive information/correspondence via email.

Please indicate if you require information via land mail:

Land mail

Are you a member of any other Health Related Organisations? If so, please advise.

I would like more information on / Level of Engagement:

- How to become a Consumer Representative / Interested in attending HCC's CR Skills Training Program
- Participate in Consumer Information Reading Group
- Focus Group, Discussion Group and Consultations
- Volunteer
- Write articles for 'Health Matters' and blog

P.T.O

Which area/s of health are you most interested in?

- | | |
|--------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Aboriginal Health | <input type="checkbox"/> Allied Health |
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Child & Adolescent Health |
| <input type="checkbox"/> Clinical Issues | <input type="checkbox"/> Disabled Care |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Environmental & Public Health |
| <input type="checkbox"/> Ehealth | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Health Quality, Safety & Efficiency |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Multicultural/Ethnic Health |
| <input type="checkbox"/> Men's Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Refugee Health | <input type="checkbox"/> Rural Health |
| <input type="checkbox"/> Sexual Health | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Other _____ | |

How did you find out about the Health Consumers' Council?

- Website Word of mouth HCC's Enews Health Matters

Other: _____

I/We seek to become a member of the Health Consumers' Council and in doing so support the Purpose, Vision and Values of the Council - see attached.

Signed: _____ **Date:** _____

Please Note:

Under the *Associations Incorporation Act 1987* all members have the right to inspect and copy members' names and residential or postal addresses from the register of members.

Please save this document for your own records and send this completed form to: info@hconc.org.au or select SUBMIT

Thank you for completing this form

Please note that in order to be put forward by the HCC for consumer representative positions you must be a member of the HCC

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