CONSUMER REGISTER

Expression of Interest

Your experience can help shape better care.

At Albury Day Surgery, we value the voices of patients, families, carers and members of our community. By joining our Consumer Register, you may be invited to share ideas, review information or take part in activities that help us improve the care and experience we provide.

Joining is completely voluntary. You can choose which opportunities suit you, decline an invitation at any time, or ask to be removed from the register.

1. Tell us a little about you

Full name: _____	**Preferred name:** _____
Phone: _____	**Email:** _____
Suburb / town: _____	**Postcode:** _____
Preferred contact ☐ **Phone** ☐ **Email:** _____	**Best time to contact:** _____

2. Your connection with Albury Day Surgery

Please tick any that apply.

☐ I am a current or former patient.

☐ I am a family member, carer or support person of a patient.

☐ I am a community member interested in improving local health services.

☐ Other: _____

Choose as many as you like. We will only contact you about opportunities that may be relevant to your interests.

3. What would you like to help with?

☐ Complete short surveys or provide feedback about the patient experience.

☐ Review patient information, brochures, forms or website content.

☐ Join a focus group, discussion or consultation.

☐ Attend a consumer meeting or committee when opportunities are available.

☐ Comment on proposed service improvements or new initiatives.

☐ Share ideas about how we can better support patients, families and carers.

4. How would you prefer to take part?

☐ In person ☐ By phone ☐ Online / video call ☐ Email / online survey

When are you usually available?

☐ Weekdays during business hours ☐ Evenings ☐ Flexible / depends on the activity

5. Accessibility, communication or support needs

Is there anything we can do to make it easier or more comfortable for you to participate? This may include communication preferences, interpreter needs, mobility access, cultural considerations or other support.

_____

_____

6. Your consent

By signing below, I confirm that I would like to join the Albury Day Surgery Consumer Register. I understand that I may be contacted about suitable consumer engagement opportunities, that I can decline any invitation, and that I can update my preferences or leave the register at any time. My contact details will be handled in accordance with Albury Day Surgery privacy practices.

☐ Yes, I would like to join the Albury Day Surgery Consumer Register.

Signature: _____ **Date:** _____

Name (print): _____ **Staff member receiving form (optional):** _____

Thank you for helping us improve care at Albury Day Surgery.