



CENTRAL GIPPSLAND HEALTH



CONSUMER OPINION REGISTER
Hearing the voice of our community

Listening to people in our community

The **Consumer Opinion Register** is a list of people in our community who are willing to provide their opinion on topics relating to CGH.

CGH will make contact with you if it is focussing some work on your topic of interest. Involvement could be in a variety of ways, such as:

- *Completing a survey*
- *Having a discussion with a staff member*
- *Participating in a workgroup*
- *Reviewing information brochures*

We are unclear about how frequent or how much time we will ask of you. This will depend on the topic. We would value any amount of time that you are able to spare.

Topics could include (but are not limited to)

<i>Aboriginal health</i>	<i>Aged Care services</i>
<i>Cancer services</i>	<i>Children and young people</i>
<i>Dementia</i>	<i>Diabetes</i>
<i>Disabilities</i>	<i>Cultural or Gender Diversity</i>
<i>Heart disease</i>	<i>Oral health</i>
<i>Mental health</i>	<i>Pregnancy</i>
<i>Babies and parenting</i>	<i>Home care</i>
<i>Other</i>	

How to register your interest

By post: Complete the registration form and return it to
Central Gippsland Health
Community Network and Volunteer Support Officer
Community Services, 155 Guthridge Parade SALE
3850

On line: www.cghs.com.au

By Email: jude.deedman@cghs.com.au

By phone: 5143 8833

In person: Community Services Building, Palmerston Street SALE
The Community Network and Volunteer Support Officer will make contact with you to provide further information about this initiative.

Thank you for your interest

"I am a man nearing retirement. I don't want to go on a committee as I won't have the time. But I am very happy to complete a survey, or even be a member on a short term working group. It would be interesting. I think I have something to offer."

"I am a mum at home with four kids. I don't have lots of spare time, but I know about maternity services. I would be happy to contribute."

**Consumer Opinion Register
Registration form**

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

ABORIGINAL OR TORRES STRAIT ISLANDER?

Yes

No

ARE YOU FROM A NON ENGLISH SPEAKING BACKGROUND?

Yes

No

If YES, which language? _____

MY PREFERRED FEEDBACK METHOD IS? (Please tick)

EMAIL

TELEPHONE

TEXT

FACE TO FACE

MAIL

**I AM INTERESTED IN PROVIDING FEEDBACK ON THE FOLLOWING
TOPIC(S):**
