**END OF LIFE CARE EXPRESSION OF INTEREST FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name clearly) would like to become a:

*Please tick the appropriate box(es)*

|  |  |
| --- | --- |
|  | **Service Level Alliance Leadership Team Member** |
|  | **Focus Group member** |

I provide a perspective from the following area(s): *Please tick the appropriate box(es)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Māori** |  | **Rural** |
|  | **Pasifika** |  | **General Practice** |
|  | **Clinical/Medical** |  | **Govt agencies**  |
|  | **PHO** |  | **Complementary Health Practitioner** |
|  | **NGO** |  | **Rural** |
|  | **Consumer**  |  |  |

Please indicate your age group: *Please tick the appropriate box*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **18 to 24 years old** |  | **55 to 64 years old** |
|  | **25 to 34 years old** |  | **65 to 74 years old** |
|  | **35 to 44 years old** |  | **75 years or older** |
|  | **45 to 54 years old** |  |  |

I live in the following area: *Please tick the appropriate box*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Napier** |  | **Hastings** |
|  | **Wairoa** |  | **Central Hawkes Bay** |

**Only complete the section below if you want to become a Service Level Alliance Member**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that I am interested in contributing to the End of Life Care Service Level Alliance Leadership Team.

Signed:

Your current role (or note if retired):

Address:

Email:

Day time phone number:

**Please submit completed form to** **penny.rongotoa@hbhdb.govt.nz** **by 5pm 31July 2019**