

EXPRESSION OF INTEREST Application Form (for those unable to access the online form)

For noting: The information you submit will be stored on a password protected file on the Northern Health server until the conclusion of the conference. The form submitted will be seen by employees of HSRAANZ and members of the conference consumer advisory steering committee involved in reviewing applications. Selected information may be made available to consumer support volunteers at the conference to facilitate your requirements, with your permission in advance. Your name and organisation as listed below will be made available on your conference name badge.

Reminder: Applications close **5pm Friday, 5th of November** AEST.

First and last name	
Best contact email address	
Best contact phone number (include area code, if not a mobile phone number)	
Organisation(s) you represent/work for (if any), for the purpose of your conference name badge:	
Which day(s) would you like to commit to attending?	<input type="checkbox"/> Wed 30 th November <input type="checkbox"/> Thurs 1 st of December <input type="checkbox"/> Friday 2 nd of December
Would you like (and be able) to attend the consumer breakfast at 7.30am on Thursday 1 st of December? (spaces limited)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Would you like (and be able) to attend the conference dinner, from 7pm on Thursday 1 st of December at the University of Sydney (spaces limited)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you identify as a First Nations person, would you like (and be able) to attend the First Nations Researcher pre-conference workshop on	<input type="checkbox"/> No <input type="checkbox"/> Yes

<p>Tuesday 29th November (also at the University of Sydney) (spaces limited)</p>	
<p>Have you been to a professional conference like this before?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Why would you like to attend this conference?</p>	
<p>What is your experience (if any) with medical research, health services research or getting involved in the development of/access to new health services?</p>	
<p>What do you hope to get out of attending the conference for you/others?</p>	
<p>Are you likely to share your experience or learnings with the conference with anyone? If so , how?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. If ticked, how?</p>
<p>Are you a user of social media?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Other:</p>
<p>What are your estimated costs to attend the conference? Note: up to \$200 per consumer is available to support travel and/or accommodation costs to attend the conference. If there</p>	

<p>are local consumer attendees who require less support, additional support may be available to those who are traveling further or who require extra support, so please list all your anticipated costs.</p>	
<p>If you are offered a scholarship, when is it best to call you to confirm details?*</p>	<p><input type="checkbox"/> Anytime <input type="checkbox"/> Preferred day(s) of week/times of day:</p>
<p>Do you have any special food requirements?*</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:</p>
<p>Do you have any special transport/parking, access, facilities, mobility, help requirements for you to be able to attend comfortably?*</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:</p>

* For noting: *Your answers to questions marked with an asterix won't directly influence the decision around scholarships, but will allow us to check if there is likely to be any issue accommodating your needs. You will be notified of any limitations of the conference prior to your acceptance of the scholarship.*