

EXPRESSION OF INTEREST FORM

PATIENT PERSONAL DETAILS

Name			
Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Preferred method of contact:	<input type="checkbox"/> email	<input type="checkbox"/> phone	<input type="checkbox"/> post

CARERS DETAILS

Name			
Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Preferred method of contact:	<input type="checkbox"/> email	<input type="checkbox"/> phone	<input type="checkbox"/> post

- I am available weekdays between the hours of 9am to 2pm to attend the focus group.
- I consent to signing a confidentiality agreement as part of my participation in the committee and that all information will remain confidential.
- I understand that expressing my interest does not mean I will be called upon by the hospital to participate in the Patient Focus Group.

Signed:		Date:	
---------	--	-------	--

Please complete this form and hand it into the hospital staff when you next visit, or simply fill it out online at www.sbdh.com.au.



SOUTH BANK
DAY HOSPITAL

OUR HOSPITAL IS CONVENIENTLY LOCATED AT:

Level 1, 140 Melbourne Street
South Brisbane, QUEENSLAND 4101