

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:	
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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.



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