Expression of interest form

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| PERSONAL DETAILS | |
| Name: |  |
| Address: |  |
| Suburb: |  |
| City: |  |
| Postcode: |  |
| Email: |  |
| Phone contact(s): |  |
| Ethnicity: |  |
| Gender/Pronoun: |  |
| Do you have a disability? | Y/N Disability: |

|  |  |
| --- | --- |
| EXPRESSION OF INTEREST | |
| What is your experience with bed sores (pressure injuries)?  ☐ Experienced a pressure injury  ☐ Cared for a whānau member at home who experienced a pressure injury |  |
| How did you hear about this opportunity? |  |
| What interests you in joining the pressure injury working group? |  |
| What are some of your personal or whānau experiences with pressure injuries? |  |
| Have you been in any other consumer/ lived-experience roles? If so, please provide details. |  |
| Are you connected with any other consumer networks? If so, please provide details. |  |
| Do you have any potential [conflicts of interest](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/oag.parliament.nz/good-practice/conflicts-of-interest/what-is-a-conflict-of-interest-notes.pdf)? |  |
| If you are successful in your application, would there be any support that you require for accessibility? If so, please provide details |  |
| What would your availability be? |  |
| Would you be able to attend online meeting using a laptop or phone? |  |

Please email this application form to [rachael.spooner@hqsc.govt.nz](mailto:rachael.spooner@hqsc.govt.nz) by Tuesday 9 September 2025