**Sepsis quality improvement working group application form**

To apply, please fill out the Microsoft application form. If you have any questions or would like more information about this opportunity, please email [sepsis@hqsc.govt.nz](mailto:sepsis@hqsc.govt.nz). Please note, applications close on 10 April 2024.

Personal details

Name:

Address:

Suburb:

City:

Postcode:

Email:

Phone contact(s):

Ethnicity:

Gender/pronouns:

Do you have a disability? (Y/N) If yes, please specify:

Expression of interest

You may attach your CV, a cover letter or additional information on a separate page or email directly to [sepsis@hqsc.govt.nz](mailto:sepsis@hqsc.govt.nz)

Please select the consumer role you are applying for:

☐ Lived sepsis experience during maternity care

☐ Whānau member or friend of a child who has experienced sepsis.

* How did you hear about this opportunity?
* What interests you about joining the Sepsis working group and what do you feel you would contribute to the group?
* Please share with us your experience and journey relating to sepsis, including approximate timeframes.
* Have you received or are you currently receiving individual or peer support during your sepsis journey?
* Have you held any other consumer or lived-experience roles?

o Yes, please specify:

o No

* Will you be able to attend fortnightly Zoom meetings on Thursday afternoons and in-person meetings as required?
* Do you have any scheduled activities/events that may prevent you from attending working group meetings for an extended time?
* If you are successful in your application, would you need any support?
* I acknowledge that applying for this role involves sharing my personal lived experience with the national sepsis working group and contributing to the planning and implementation of improvement initiatives.

o Yes o No