**Alfred Health 5th Floor relocation Design Phase Patient Reference Group-**

**Expression of Interest**

Many thanks for taking the time to consider providing an Expression of Interest to be a consumer representative on the 5th Floor relocation Design Phase Patient Reference Group.

Please take the time to review the terms of reference of the patient reference group.

Name:



Contact Details:

1. When did you last receive care from Alfred Health respiratory services?

2. We are keen to ensure we have a representative group across the respiratory services, for this purpose Can you please tell us which group/s your experience of Alfred Health’s respiratory services would represent? (You can select more than 1 if applicable)

 Patient with Cystic Fibrosis

 Patient waiting for or who has received lung transplantation

 Patient who received general respiratory services (e.g. asthma and allergy, pulmonary hypertension, interstitial lung disease, other lung diseases)

 Patient who has attended/attends sleep service

3. Confirm you will be available to participate in several meetings estimated to occur in late March, April?

 Yes, I am available to attend during this time

 Unfortunately I am unable to attend during this time. 4. Describe how you will share and articulate you own experiences and your interest in joining this group.

Please return your completed EOI to Suzanne Corcoran, S.Corcoran@alfred.org.au by **3pm** **Friday 17th March 2017.**