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| **Young Stroke Service Project** **Consumer Consultant** **Expression of Interest form** |
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| * The Florey Institute of Neuroscience and Mental Health is building **a new Australian health service for young adults** (age 18–45) who have had a stroke.
* We are looking for **young people with stroke** or **their family members** or **carers** to be **consumer consultants**.
* It is important that we have people from **all different backgrounds** as consumer consultants.
* If you are interested in being a consumer consultant, you need to complete an **expression of interest** **form**. You can:
1. **Cursor with solid fillMonitor with solid fill** Click on[**the link**](https://forms.office.com/r/py7BsQjsyB) here and complete the online form.
2. **Open envelope with solid fill** Print this form, fill it in and mail it to:

StrokeLine7/461 Bourke St Melbourne 3001. **Call centre with solid fill** Call our friendly StrokeLine team on **1800 787 653** and they will help you complete the form.
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| **Young Stroke Service Consumer Consultant****Expression of Interest form** |
| We need consumer consultants from all different backgrounds. To do this, we need information about you. The information will be kept confidential. Only project staff will be able to access it.Please complete the following questions by ticking the right box and providing more detail if needed. We don’t need a lot of detail – feel free to keep it brief.  |
| Are you: |
| 1. [ ]  A person living with stroke?
2. [ ]  A partner of someone who has had a stroke?
3. [ ]  A family member (under 26 years old) of someone living with stroke?
4. [ ]  A family member (over 26 years old) of someone living with stroke?
5. [ ]  A professional carer?
6. [ ]  Other, please provide more detail:
 |
| How long ago did the stroke happen? |
| [ ]  0 - 6 months ago[ ]  6 -12 months ago[ ]  1 - 3 years ago[ ]  4 - 6 years ago[ ]  Over 6 years ago |
| How old are you? |
| [ ]  18 - 25 years old[ ]  26 - 45 years old[ ]  Over 45 years old |
| What is your gender?  |
| [ ]  Female[ ]  Male[ ]  Non-binary[ ]  Prefer not to say |
| What cultural or ethnicity background best describes you? |
|   |
| What language do you speak at home? |
|  |
| What is the postcode of where you live? |
|  |
| Are you currently working? |
| [ ]  Yes, full time[ ]  Yes, part time[ ]  No  |
| Are you currently studying?  |
| [ ]  Yes, full time[ ]  Yes, part time[ ]  No |
| Do you have a carer? |
| [ ]  Yes[ ]  No |
| Do you have difficulty moving? For example, walking or using your hands or arms?  |
| [ ]  Yes[ ]  NoIf yes please provide details:  |
| Do you difficulty with thinking or your memory? |
| [ ]  Yes[ ]  NoIf yes, please provide brief details:  |
| Do you have difficulty talking or communicating? |
| [ ]  Yes[ ]  NoIf yes, please provide details:  |
| Do you have difficulty seeing that is not fixed by wearing glasses or contact lenses? |
| [ ]  Yes[ ]  NoIf yes, please provide details:  |
| Do you have any other difficulties because of your stroke?  |
| [ ]  Yes[ ]  NoIf yes, please provide details:  |
| Do you need help from project staff to be a consumer consultant? This could be things like help to communicate.  |
| [ ]  Yes[ ]  NoIf yes, please provide details:  |
| What skills and experience would you bring to the Young Stroke Service project?  |
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| Do you have anything else you would like to add?  |
| [ ]  Yes[ ]  NoIf yes, please provide details: |
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| **Thank you for your interest in becoming a consumer consultant for the Young Stroke Service project.****We will be in touch with you soon!**  |