

To help us build a profile of our members we ask that you provide additional details. This is optional but we would appreciate your assistance. This information remains confidential and will be used for internal processes only.

DEMOGRAPHICS

How did you find out about HCCA?

AGE: 18 to 30 30 to 45 45 to 60 60 +

GENDER: Male Female Other

LEVEL OF EDUCATION: Secondary Tertiary Postgraduate

Are you from a culturally and/or linguistically diverse background? Yes No

If yes please indicate your background

Are you from an Aboriginal or Torres Strait Islander background? Yes No

AREAS OF INTEREST:

Medication safety	Complaints management	Health policy	Consumer handouts
Research	Health workforce	Health literacy	Digital health
Signage and wayfinding	Health service buildings design and construction		
Other (please specify)			

ARE YOU INTERESTED IN HELPING HCCA WITH ANY OF THE FOLLOWING?

Commenting on documents and policies	Health policy development
Attending occasional meetings or seminars	Sharing your stories with others
Becoming a consumer representative	Organisational governance
Other (please specify)	

Health Care Consumers' Association

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