



## Consumer / Carer Expression of Interest

Please download the form and send to:

Jo Anson  
CCN Network Manager  
Central Cancer Network  
PO Box 2056  
Palmerston North 4414

- Expression of Interest Form

Or fill out the form below

Expression of Interest Form

Name

Address

Phone

Email

Ethnicity

*The Central Cancer Network will only use your contact details to contact you regarding possible participation in cancer service improvement activities as a consumer or carer representative.*

Have you personally had experience of cancer? Yes      No

Have you been a carer/close family member of a person who has experienced cancer?  
Yes      No

Are you involved in a consumer/carer cancer support group? Please provide brief details.

Briefly tell us why you would like to participate in improving cancer services in the Central Cancer Network region.

How would you like to contribute?

As a consumer or carer representative on a Central Cancer Network work group?

As a consumer or carer involved in a patient focus group that informs the patient mapping programme?

By attending annual consumer/carer forums, whanau hui or fono?

I am willing to be approached for comment from a consumer or carer perspective on specific documents/strategies.

I would like to be kept informed about the work of the Central Cancer Network.