# [Organisation]

# Name of Group

# EXPRESSION OF INTEREST

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| NOTE TO USERS:  Monash Partners has developed the EOI template using online survey software such as Survey Monkey, Qualtics, REDCap etc. Online EOI forms. Online surveys offer QR codes, generates statistics, sends email alerts and user notifications etc.  For printed EOI, please consider increasing the font size, reducing the number of pages, including page numbers, etc.  You should always test your EOI before publishing. Ideally, the EOI should be tested with your potential participants - Are the questions easy to answer? Are there any questions that could be improvedd?  Please note the asterisks (\*) is for mandatory fields. |

## Introduction

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| --- |
| We are establishing a [name of group] to support emergency care research and healthcare improvement.    Details (example:)   * The group will meet about 3-5 times in 12 months; most meetings will be online, and there will be one in-person meeting for 2 hours. * There will be pre-reading before meetings, with meeting papers sent at least 5 days before each meeting. * There will be emails between meetings. * Members are recruited for up to 2 years however, they can step down anytime.   Benefits (example:)   * Have a say and be involved in research to … * Professional development (and other training opportunities) is free. * The opportunity to meet other like-minded people.   Before applying, please read the information provided within the [link to webpage, online information etc].  The collection and use of your personal information are undertaken in accordance with [name of organisation] Privacy Policy [link to your organisation's privacy policy]. If you have any concerns or questions, you can contact us at [insert email address]. |

## Section 1: Requirements\*

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| NOTE TO USERS:  Edit or remove fields that are not relevant. Participants will be asked to expand on their eligibility in section 3. |

Q1.1

To be eligible, please check if you meet the following requirements:

|  |  |  |
| --- | --- | --- |
|  | Yes | No# |
| I am an adult (over 18 years of age). |  |  |
| I live or work in [insert location if this is relevant]. |  |  |
| I have previous experience with an advisory group or advisory committee. |  |  |
| I am interested in research and improving health outcomes in the community. |  |  |
| I have a lived experience of [insert topic] as a patient or carer. |  |  |
| I have attended a hospital in the past 12 months as a patient or carer. |  |  |

**#** If no is selected, the online survey skips to the end of the EOI ineligible participants.

Q1.2

Please select the hospitals you have attended (can be more than one).

|  |  |  |
| --- | --- | --- |
|  | Hospital 1 |  |
|  | Hospital 1 |  |
|  | Hospital 1 |  |
|  | Hospital 1 |  |
|  | Hospital 1 |  |
|  | Other**#** | [text box] |

**#** If Other is selected, the online survey skips to the end of the EOI for ineligible participants.

## Section 2: Your details

Q2.1

|  |  |
| --- | --- |
| Title\* |  |
| Name\* |  |
| Email\* |  |
| Contact phone number\* |  |
| Suburb and postcode\* |  |
| What is the best way to contact you about the application?\* | Text message  Email  Phone call |
| Occupation |  |
| What is your age | Range of ages [drop down menu or check box] |
| What is your gender? | Male  Female  Non-binary/third gender  Prefer not to say |

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| NOTE TO USERS:  This section is useful to understand the best time to contact applicants and their availability for planning future group meetings. |

Q2.2

What are the best days and times to contact you about your application? \*

|  |
| --- |
| *Date and time* |

Q2.3

|  |  |
| --- | --- |
| What are the best days and times for you to attend an **online meeting?** (you can select multiple answers)\* | Monday to Friday (morning)  Monday to Friday (afternoon)  Monday to Friday (evening)  Saturday or Sunday (morning)  Saturday or Sunday (afternoon) |
| What are the best days and times for you to attend an **in-person meeting?** (you can select multiple answers)\* | Monday to Friday (morning)  Monday to Friday (afternoon)  Monday to Friday (evening)  Saturday or Sunday (morning)  Saturday or Sunday (afternoon) |

## Section 3. Interest in being involved

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| NOTE TO USERS:  This section provides useful information on the applicants suitability to the consumer advisory group. Information can include personal and professional interests, lived experience, skills and experience. This information can also support a followup meeting or phone call with applicants. |

Q3.1 Please describe why you want to be involved in [name of group]. What do you hope to achieve?\*

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|  |

Q3.2 Please describe

|  |
| --- |
|  |

Q3.3 Please tell us (as much as you are comfortable) about your experience ……..\*

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|  |

Q3.4What other skills and experience do you have? Please tell us about your work (optional response)

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|  |

## Section 4. EOI closing statement

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| **Thank you very much for your Expression of Interest!**  We will contact you in [insert number of days]. If you have any questions, please feel free to contact [name and position] by email [email addreses]. |

**Ineligible participants (from section 2)**

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| Thank you for your interest. Unfortunately, you do not meet all the requirements for involvement. |