



What is the Flinders and Upper North Local Health Network (FUNLHN) Community Network?

The FUNLHN Community Network is a way for our community (both individuals and groups) to become involved in our local and regional health services. The network includes a register of interested community members and groups who are involved at a level that suits them and it is a partnership between FUNLHN health care providers and services and our community.

What is the purpose of the Community Network?

As a community member, the FUNLHN Community Network allows you to provide input and advice that will help us inform decisions related to providing health services. Being registered with the Community Network, you will have the opportunity to become involved at a level that suits you/your group.

We want our consumers and the broader community to be aware of their rights including their right to:

- accessing health and community services
- being safe from abuse
- · accessing high quality services
- being treated with respect
- being informed
- · participating in their health care
- privacy and confidentiality
- · commenting and/or making a complaint.

We are committed to ensuring consumer and community engagement in health care decisions and we value the positive contributions consumers and the community make in improving health care service quality, equity, and management.

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How can I be involved?

There are various ways in which you can be involved in the FUNLHN Community Network, including:

- receiving information about what is happening with our health services
- · providing input and having your say through surveys and other feedback mechanisms
- attending workshops, focus groups and forums
- becoming members of health governance committees, service planning groups or similar.

Who is a consumer or carer?

Consumer is a term used to describe people who access and use our health services. This could be in a hospital, community health or aged care setting. Carers are people who provide support, care and advocacy for the consumer. This could be a family member or friend.

How can I join the Community Network?

To become involved, just fill in the registration form below and return it via the details provided in the form. Once you are registered, there are many ways in which you can be involved and you can let us know your preferred level of involvement by ticking the relevant boxes on the form.

If at any point you want to change the level of your involvement or choose to stop being a member, just let us know at any time and we will change your membership and involvement to the level you have requested or remove your details from the Community Network Register.

What happens after I have completed the registration form?

Once we receive your completed registration form, we will add you (or your group) to the Community Network Register. We will then send you regular newsletters and updates from FUNLHN. Depending on the level of involvement you have chosen, we may ask for your feedback, invite you to forums or opportunities relating to our governance structures. Your level of involvement will determine how often we get in touch with you, but as a Community Network member we aim to provide information updates to you on a bi-annual basis.

What will happen to my feedback?

Your feedback will be used to inform health services on a range of consumer related areas including service review and development. This means we may need to share your information with others, such as FUNLHN areas, SA Health or the Health Advisory Council to assist other areas with service improvements.

For more information

If you would like more information about our FUNLHN Community Network, please email us at Health.FUNLHNCommunityEngagement@sa.gov.au.

To register, please fill in the Community Network Registration Form on the following page.

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Flinders and Upper North Local Health Network

Community Network Registration Form

ABOUT YOU/YOUR GROUP						
Full name:						
(for Groups, please name group AND contact person)						
Address:						
Phone:			Email:			
How would you like to be contacted? (Tick one or more)		□ Email	☐ Phone		□ Post	
I am of Aboriginal or Torres Strait Islander heritage.		□ Yes		□ No		□ Both
I identify as a member of any of the following groups		☐ CALD ☐ LGBTIQA+ (culturally/linguistically diverse)			□ Disabled	
What is your age range?		□ Under 18 □ 18-35 □ 36-50 □ 51-70		□ 70+		
How would you like to be involved?						
I would like to						
□ be ir	be informed with general health service information					
□ revie	review and provide feedback on health service publications					
□ com	complete surveys (Paper based and/or online)					
□ parti	participate in interview (face to face and/or over the phone)					
□ assi	assist with collecting feedback from clients					
	be a consumer representative on focus groups, discussion groups or particular health service issues/services				ervice	
□ prov	provide consumer/service user or carer point of view feedback					
□ be a	be a regular consumer advisor on a service committee					
☐ be ir	be involved and have a role within my local health advisory council					
□ shar	share my experiences for staff training and development					

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Want more information or to lodge your application?

Please contact Carmel on phone (08) 8668 7686 or mobile 0481 060 996 or email Health.FUNLHNCommunityEngagement@sa.gov.au.