**Vision**

*Enhanced quality and relevance of research through consumer and community participation*

If you would like to express an interest in joining the **Child and Adolescent Cystic Fibrosis Consumer Reference Group of WA** please complete this form and forward to ARESTCF@telethonkids.org.au

**Part A** - Please include your personal details and indicate which group you wish to join.

|  |  |
| --- | --- |
| **Name:** |       |
| **Address:** |        |
| **Telephone:** | **Home / Work**:       | **Mobile**:       |
| **E-mail:** |       |
| **Group:** | **The Child and Adolescent Cystic Fibrosis Consumer Reference Group of WA** |

**Part B -** Please provide a **short** statement outlining your experience with each of the following:

|  |
| --- |
| **An interest in research conducted at the Telethon Kids Institute**       |
| **An understanding of consumer and community issues that arise in health and medical research**       |
| **Good communication skills and an ability to work collaboratively with researchers, consumers and community groups**      |
| **Any additional comments**      |