

## Nomination Form: Chronic Pain Model of Care Consumer Advisory Group

We are seeking people living in Canterbury with a lived experience of chronic pain or people who have been a carer or parent of a person with a lived experience of chronic pain to be part of a consumer group. The consumer group will help develop an integrated model of care to improve access and support for people living with chronic pain in Canterbury. We need a diversity of perspectives, connections, knowledge, and skills so welcome applications from people:

- From a range of different age groups
- From diverse cultural backgrounds, including Māori, Pasifika, and migrant communities
- With a lived experience of disabilities
- Who have a lived experience of serious mental illness.

Prospective members should be well-connected to the community, reliable, and able to actively contribute to a group environment and work constructively with others. We expect the group to meet monthly (for approximately 1.5 hours), either in person or online. Members will be compensated for their time as set out in the CCN remuneration policy, available [here](#).

Please get in touch with Gareth Frew via email at [gareth.frew@ccn.health.nz](mailto:gareth.frew@ccn.health.nz) or on 021 826 101 if you have any questions about the role or the initiative.

If you would like to express your interest in participating or nominate a peer, please provide the details requested below and return via email to [gareth.frew@ccn.health.nz](mailto:gareth.frew@ccn.health.nz) by **Friday, 19<sup>th</sup> August 2022**.

### Nominee's contact details:

|   |   |
|---|---|
| <b>Name:</b>  |   |
| <b>Perspective/s</b> the nominee can contribute to the Advisory Group:  |   |
| <input type="checkbox"/> Lived experience of chronic pain<br><input type="checkbox"/> Carer for a person with a lived experience of chronic pain<br><input type="checkbox"/> Parent of a child or youth with a lived experience of chronic pain | <input type="checkbox"/> Child<br><input type="checkbox"/> Youth<br><input type="checkbox"/> Older Person<br><input type="checkbox"/> Māori<br><input type="checkbox"/> Pasifika<br><input type="checkbox"/> Culturally and Linguistically Diverse<br><input type="checkbox"/> Rainbow / LGBTQIA+ community<br><input type="checkbox"/> Lived experience of disability<br><input type="checkbox"/> Lived experience of serious mental illness |
| <b>Email:</b>   |   |
| <b>Phone:</b>   |   |
| <b>Postal address:</b>  |   |

*If you are nominating someone else:*

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|-------------------|
| <b>Your Name:</b> |
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