Consumer Representative Application Form  
Boost Your Family Steering Committee

Seeking parents or caregivers of children aged 5-12 years to join the Steering Committee for a new and innovative online health and wellbeing program.

Closing date: 5pm Friday 20 August 2021

Overview

[**Health and Wellbeing Queensland**](https://hw.qld.gov.au/) is a prevention agency and our role is to make healthy happen for Queensland. Our focus is obesity prevention, so we are targeting three key areas: nutrition, physical activity and wellbeing. Together, we drive change so all Queenslanders have the best chance to live a healthier life, no matter who they are, or where they live.

We’re leading the development of Boost your Family (working title) – a fun and interactive online program that aims to support Queensland children and families with sustainable health promoting behaviour change to prevent obesity and other chronic diseases.

We’re involving Queensland families every step of the way. That’s why we’re seeking two Queensland parents or carers of children aged 5-12 years, to bring a family perspective to the project Steering Committee.

Purpose

The Steering Committee will provide leadership and direction, project governance, and help to maximise project benefits. Committee membership includes representatives from across Queensland, both within and beyond the health system (many in senior positions).

Terms of Reference are available by emailing Health and Wellbeing Queensland at [info@hw.qld.gov.au](mailto:info@hw.qld.gov.au).

Role of consumer representatives

The role of the successful consumer representatives will be to bring a family perspective to the Steering Committee. They will be required to attend all Steering Committee meetings and to actively participate in all Steering Committee activities such as pre-meeting reading, discussions, provision of feedback and advice.

Who is it for?

This opportunity would suit parents or carers of children aged 5-12 years, with an interest in child obesity prevention, and ideally, previous committee experience.

Time and location

Future meeting dates in 2021 are:

* Wednesday 15 September, 9:30-10:30am
* Wednesday 17 November, 9:30-10:30am

Attendance can be via videoconference or face-to-face at Health and Wellbeing Queensland’s offices at Milton Green, Brisbane. Parking and travel expenses may be covered for in-person attendees who are based in the greater Brisbane area.

Remuneration and Support

Participants will be remunerated at market rates.

Health and Wellbeing Queensland will seek to provide other support that consumers may require to participate. Please let us know what you may need when you make your application (for example, an interpreter, support for people with disability or support for a carer).

How to apply

Please complete the following consumer application form and return toinfo@hw.qld.gov.auby **5pm Friday 20 August 2021**.

If you have any questions, please contact Health and Wellbeing Queensland via info@hw.qld.gov.au or by phone on 0448 557 200.

Consumer Representative Application Form

Boost your Family Steering Committee

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

By completing this application, I consent for my details to be added to the Health and Wellbeing Queensland Pool of Community Voices to draw on for future opportunities to participate.

Yes  No

With permission, applications will be stored by Health and Wellbeing Queensland in compliance with Government legislation.

Do you belong to any of the following groups? (mark all that apply)

Living with a disability/chronic condition

Caring for someone with a disability/chronic condition

Parent of child/ren with a disability/chronic condition

Physically isolated or transport disadvantaged

Culturally or linguistically diverse

From a non-English speaking background

LGBTIQ+

How do you identify? (mark all that apply)

Aboriginal  Torres Strait Islander  Non-Indigenous  Prefer not to state

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

Gender:  Male  Female  Intersex Other Prefer not to state

Please describe any support you need to take part in this activity *(e.g. support person, hearing loop)*

*Your responses to the following questions only need to be a brief sentence or two*

Please describe your interest in child obesity prevention. *Tip: Although this section requires the longest response, try to keep it concise. Include* *any past experience that shows your understanding of the topic, or your understanding of the social/health/economic implications of childhood obesity, or any systems change that you have identified that will improve care for children and families, and possible strategies you could share to affect that change.*

**Please describe any connections you have to your community (e.g. networks, groups)***Tip: Think about how this relates to the consumer representative role on the Boost your Family steering committee.*

If applicable, please describe your experience as a health or community representative including committees, focus groups, surveys, governance roles, etc. *Tip: Include any past consumer representative positions that would be relevant to the Boost your Family steering committee. Give an indication of how long each position was for, and any relevant highlights.*