**Application For Consumer Representative on Steering Group for Rheumatic Heart Disease Echo Screening Study**

The questions in this application will help us to know a little more about how your experiences and perspectives may be able to contribute to the steering group for the Health New Zealand Te Whatu Ora Rheumatic Heart Disease Echocardiogram (Echo) Screening Study.

Please note the following:

* Your information will be kept confidential and only the research team will see or access this information for this specific steering group.
* If you decide to participate by completing this form or are selected to join the steering group nothing you say will impact your use of any health services.
* You can withdraw or stop being part of this application process at any time.

1. First name
2. Last name
3. Preferred phone number
4. Preferred email
5. Ethnic group(s) you belong to

(Type Y next to the group(s) that apply)

* New Zealand European
* Māori
* Samoan
* Cook Island Māori
* Tongan
* Niuean
* Chinese
* Indian
* other. Please state:

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1. City that you live in

1. Age group

(Type Y next to the age group that applies to you)

* Up to 30 years
* 31 – 40
* 41 – 50
* 51 – 60
* 60 plus

1. Gender

* Female
* Male
* Other/non binary

1. Are you a parent or caregiver for any children or grandchildren that are under 18 years?

Yes

No

1. IF YES to Question 9, what are the age groups of the children in your care?

(Type Y next to the groups that apply)

* Babies (newborn to 11months)
* Preschooler (12months-4 years)
* Primary age (5 years – 11years)
* Intermediate (12 years – 13 years)
* High school (14 years – 18 years)

1. Have you ever had rheumatic fever or rheumatic heart disease?  
   Yes  
   No  
   Not sure/Don’t know
2. Have you ever supported a close family member or friend on their journey with rheumatic fever or rheumatic heart disease?  
   Yes  
   No  
   Not sure/Don’t know
3. Have you ever been a representative on any other steering groups or committees?

Yes  
No  
Not sure/Don’t know

1. Please indicate how confident you feel to share your perspectives and feedback in a group meeting of up to 12 people, using a scale of 1 to 5, where 1 is not confident at all and 5 is very confident.
2. What interests you most about being a consumer representative on the steering group for the Rheumatic Heart Disease Echo Screening Study?
3. What skills, experience and/or community and network connections would you be able to bring to the role?
4. What support might you need to help fulfil the consumer representative role?
5. Any final comments or questions about the consumer representative role, steering group and or rheumatic heart disease study?

1. Would you prefer an online or in person interview (noting that in-person interviews are subject to location and will be offered if possible).