

Vacancy: Consumer Representative

South Island Alliance Palliative Care Workstream (PCW)

Do you know what it's like for tūroro/patients and whānau/families using health services in end-of-life illness?

Are you willing to talk about end-of-life care with your whānau/family, friends and community?

Can you attend monthly meetings (mostly via zoom) and help the PCW understand what's important to consumers?

We are looking for a new Consumer Representative to join the South Island Alliance Palliative Care Workstream (PCW). We are a group of clinicians and stakeholders from around the region (including representatives from primary care, hospice, Aged Residential Care, community, secondary and specialist care, as well as members with paediatric, consumer and Māori health perspectives) who are committed to working collaboratively to achieve:

“High quality, person centred, palliative and end-of-life care available to the population of the South Island, according to need and irrespective of location.”

We are especially interested in recruiting someone who:

- **Is a strong advocate for Māori**
- **Knows the challenges faced by small/rural communities**

The PCW supports South Island District Health Boards and other health services to improve palliative and end-of-life care for all South Island people.

More information about the PCW can be found on the South Island Alliance website: <https://www.sialliance.health.nz/our-priorities/palliative-care/>

**Ehara tāku toa i te toa takitahi, he toa takitini
My strength is not as an individual, but as a collective**

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Role requirements:

- Live in the South Island of New Zealand
- Be a passionate advocate for improving palliative care services
- Talk to others in your community to find out their views
- Attend and contribute to monthly meetings (usually held on the 3rd Thursday of the month - most are 1hr via zoom, but can be up to 6hrs for face-to-face meetings in Christchurch 2-3 times a year)
- Work collaboratively; promoting trust, collaboration, information sharing, performance, innovation and low bureaucracy

Skills/experience required:

- Have recent experience of South Island health services in the last year of someone's life e.g. as a carer or whānau/family member of a tūroro/patient
- Have experience with working collaboratively in community or professional groups
- Be an excellent communicator in a variety of settings (e.g. email, videoconference, face-to-face, in groups)

Payment for meeting attendance and travel expenses will be considered for those not employed by a District Health Board.

Members generally join for a minimum term of three years.



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Timeline

EOI published:	Monday 29 th March 2021
Closing date:	Extended to Wednesday 21 st April 2021
Application receipt:	Within 5 working days
Outcome notification:	Early May 2021
1 st meeting:	Thurs 20 th May, 9-10am (videoconference)

Applications will be reviewed by the PCW with nominations submitted to the SI Alliance Leadership Team for endorsement.

This call for expressions of interest has been posted on the South Island Alliance website and distributed to relevant organisations and stakeholders.

For further information, please contact Dr David Butler (Chair, PCW):
David.Butler@otagohospice.co.nz

To apply:

- Complete the application form and email to:
Joanna.Hathaway@siapo.health.nz (Regional Programme Facilitator - Palliative Care, SIAPO)



SOUTH ISLAND ALLIANCE Palliative Care Workstream

Consumer Representative - Application for Membership

Applicant's details:		
Name		
Town/city/place of residence		Closest Airport:
Contact details	Work telephone:	Mobile:
	Email:	
Postal address		
Dietary requirements	(for meeting catering)	
Brief history of your experience as a consumer of palliative care services in the South Island:		
Brief history of your experience of advocating for Māori:		
Brief history of your involvement in community or professional groups:		
Experience of life in small/rural communities:		
What palliative / end-of-life care improvements would you like to achieve for the people of the South Island?		
Referee (personal or professional):		
Name		
Contact details		
Relationship to you		

Please send this completed application form to: Joanna.Hathaway@siapo.health.nz