

Apply to become an ally in the Consumer Advocacy Alliance

Allies who are interested in signing up for more information please complete the following form and submit using the submit button.

email with the form attached; just click send.

Personal Information

First name:	Last name:
Organisation (optional):	
Occupation (optional):	Email:
Areas of Interest Please indicate the ares you are interested in $-$ tick all that apply (not listed in any priority order)	
Pae Ora/Te Whatu Ora/Te Aka Whai Ora	People with cancer
Women's health	People with chronic health conditions
Maternity and early years	People with chronic pain
Child/tamariki/rangatahi health	Mental health and addictions
Māori health	Rare disorders
Pāsifika health	Climate change
Health of other cultures (please list):	Medical/treatment injury
	Restorative process
Health of people with disabilities	Information relating to HDC/ACC
Health of LGBTQI+/Rainbow communities	Patient/consumer safety culture
Men's health	Transparency in health
Aged care and senior health	Policy and legislation
If there are any areas of interest that we have not listed, please state:	
If you would be interested in being involved with any area in which you are an expert by experience, please list these:	
I accept the terms and conditions	Reset form Submit Form Clicking the submit button will launch a new