

RECOVER Injury Research Centre Consumer Advisory Group

Expression of Interest Form

Thank you for your interest in joining RECOVER's Consumer Advisory Group. Please complete the form and email your responses to:

Helen Gray
Knowledge Translation & Engagement Manager
RECOVER Injury Research Centre
helen.gray@uq.edu.au

Contact Details

1. First name:
2. Surname
3. Email address
4. Phone number
5. Post code
6. What are your personal pronouns?
 - He/his
 - She/Hers
 - They/Theirs
 - Another option _____
 - Prefer not to say

About you

7. Do you identify as Aboriginal and/or Torres Strait Islander?
 - Yes, Aboriginal
 - Yes, Torres Strait Islander
 - Yes, Both
 - Not sure/don't know
 - No
 - Prefer not to say

8. Which area do you live in?
 - Metropolitan (city)
 - Rural
 - Regional
 - Remote
 - Prefer not to say

Experience

9. I have lived experience of:

- Injury from a motor vehicle injury
- Whiplash (or a neck/back injury) after a motor vehicle crash
- Traumatic brain injury
- Spinal cord injury
- Chronic pain
- Other (it's complicated – we get it)

10. I am a family member or carer of someone who has experienced:

- Injury from a motor vehicle injury
- Whiplash (or a neck/back injury) after a motor vehicle crash
- Traumatic brain injury
- Spinal cord injury
- Chronic pain
- Other (it's complicated – we get it)

11. Have you been involved in research before? For example, on a grant application, as a consumer investigator, member of an advisory group, or co-design participant. Please provide details of the research projects or groups.

12. Have you had any training (online or in-person) on consumer involvement in research?

13. Why are you interested in being part of the RECOVER Consumer Advisory Group (up to 200 words)