Collaborative Pairs Australia

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| **Name of consumer:** |  |
| **Consumer email:** |  |
| **Consumer phone number:** |  |
| **Name of health care provider:** |  |
| **Health care provider role:** |  |
| **Name of health care provider’s organisation:** |  |
| **Health care provider email:** |  |
| **Health care provider phone no:** |  |
| **Eligibility** | |
| You must be able to tick each of these boxes to be eligible for the program:  We can attend all five workshops (28 February, 28 March, 2 May, 29 May, 26 June 2019)  We are willing to take part in the evaluation of the program  We have the support of our organisation to take part in the program and to attend all five workshops | |
| **Selection Questions** | |
| 1. **Why do you want to take part in this program as a pair?** (max 100 words, weighting 15%) | |
| *Please type your response here* | |
| 1. **What do you think collaborative practice means and why is collaborative practice important to you both?** (max 100 words, weighting 10%) | |
| *Please type your response here* | |
| 1. **Why have you chosen to work with each other? Can you provide a brief overview of either your individual and/or shared work history?** (max 100 words, weighting 20%) | |
| *Please type your response here* | |
| 1. **What will be your shared challenge, project or idea that you will bring to the program?** (max 100 words, weighting 10%) | |
| *Please type your response here* | |
| 1. **What do you hope to get out of taking part in this program as a pair?** (max 100 words, weighting 25%) | |
| *Please type your response here* | |
| 1. **How do you think taking part in this program will benefit your organisation and/or community?** (max 100 words, 20%) | |
| *Please type your response here* | |

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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