

## Clinical Practice Guidelines in Mild Traumatic Brain Injury

### Consumer Representative - participant form

Thank you for confirming your interest and participation as a consumer representative for the development of Australian and New Zealand Clinical Practice Guidelines (CPG) for mild Traumatic Brain Injury (mTBI).

In order to get a range of injuries and age groups, you will be invited to be a part of the guidelines working group OR the consumer advisory group (both requiring a similar time commitment over a period of 12-18 months).

#### **About You:**

First Name:	Last name:
Month of birth:	Year of birth:
Address line 1:	
Address line 2 (if applicable):	
Town:	
Country & State:	
Post code:	
Mobile phone number:	
Home phone number (if applicable):	
Email address (documents and meeting requests will be sent via email):	

Do you identify as the following? Please tick applicable options

<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Māori <input type="checkbox"/> I do not identify as any of the listed <input type="checkbox"/> Pacific Islander
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*Please tick one of the below:*

<p><b>I have/have had</b> a traumatic brain injury</p> <p><input type="checkbox"/> Single TBI                  <input type="checkbox"/> Multiple TBI</p>	<p>I am the <b>parent/career of a child</b> who has had a traumatic brain injury</p> <p><input type="checkbox"/> Single TBI                  <input type="checkbox"/> Multiple TBI</p>
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**About your/your child's traumatic brain injury. Please add brief information for each injury including type of TBI and year of incident**

**Are there any limitations regarding your availability? E.g., significant travel for work, planned vacations**

I hear by confirm my availability to participate and endeavour to be available for meetings and document review

Name:

Signature:

Date:

Please send the completed form to [uq\\_abic@uq.edu.au](mailto:uq_abic@uq.edu.au)