**Expression of Interest Form**

**Hastings Health Centre Customer Focus Group**

Thank you for expressing your interest in joining our Customer Focus Group. Your feedback is essential in guiding our efforts to enhance our services.

We are pleased to announce that our first meeting will take place on **November 21st at 5:00 pm at HHC**, and will last no longer than two hours. Refreshments will be provided.

The group will meet four times a year. You can attend in person or via Zoom if you can’t make the face to face meeting.

If you are interested in joining the group, please fill out the following information and hand in to any reception area at HHC before the 15th of November, or email to HastingsHealth@hhc.co.nz

**1. Personal Information**

* Full Name: Click or tap here to enter text.
* Date of Birth:Click or tap here to enter text.
* Contact Number:Click or tap here to enter text.
* Email Address:Click or tap here to enter text.
* Preferred Method of Contact:

[ ] Phone

[ ] Email

**2. Practice Information**

* Current Practice Name:Click or tap here to enter text.
* Duration as a Patient (tick the box that applies to you)

[ ] Less than 1 year

[ ] 1-3 years

[ ] 3-5 years

[ ] More than 5 years

**3. Areas of Interest**

What aspects of our practice would you be interested in providing feedback on? (Please check all that apply)

[ ] Patient experience and satisfaction

[ ] Appointment scheduling

[ ] Communication with staff

[ ] Quality of care

[ ] Facility and environment

[ ] Other (please specify):Click or tap here to enter text.

**5. Additional Comments**

Please share any additional comments or suggestions you may have:

Click or tap here to enter text.

**Thank you for your interest!**

We will review your application and contact you with more information about the focus group.