



The Cancer Consumer Representative Training Course

This course is suitable for people who have had a personal or family experience of cancer and who would like to contribute to improved cancer services by becoming a member of a relevant a committee or working group. The course is designed to provide relevant preparation for participation on cancer related DHB, NGO and national committees and working groups.

The course is aimed at those with little experience of working as part of a committees or health sector, however components of the course may be suitable and of benefit to more experienced persons.

The course is based on a similar successful course developed in Australia and is delivered by skilled facilitators and health professionals at no financial cost to participants - (travel accommodation and course fees are covered).

The full course requires a commitment of three weekend days and a willingness to fully participate in the programme.

Course Objectives

By the end of this training, participants will be able to:

- identify the broad New Zealand statistics for cancer and the types of diagnostic tools available
- identify services available to treat different types of cancer
- describe the health system, cancer policy, and its political environment
- explain the place of the Treaty of Waitangi in cancer treatment
- describe how relevant committees operate and the role of the consumer representative on those committees
- assess proposed decisions within the health system in light of their impact on cancer patients
- present cogent arguments in the interest of cancer patients
- identify omissions in services to cancer patients
- explain to others key aspects of an individual's cancer journey.

**The next course is to be held in Wellington on
Saturday 5 & Sunday 6 and 27 March 2011**

**Enquiries about the next course should be directed to
Jan Pearson at the Cancer Society
04 494 7276 or jan.pearson@cancer.org.nz**

If you are interested in attending a training course please complete and email the registration form below. If you wish to discuss the suitability of the course for you please contact Jan Pearson

Cancer Consumer Representative Training Registration Form 2011

Name: _____

Date of Birth: _____ Gender: _____

Ethnicity: _____

Address: _____

Postcode: _____

Phone (day): _____

Phone (mobile): _____

Email address: _____

Membership of cancer consumer organisation (if applicable): _____

Any other relevant information : _____
