

Inquiry into Women's Pain Submission Template

Submission details

Please note this form must be completed by a person over the age of 18. Submitters under the age of 18 should have this form completed by a parent or legal guardian.

As per the Inquiry Terms of Reference the scope of this inquiry is to provide an opportunity for girls and women from across our community to share their experiences of pain and pain management.

Does your submission relate to the experience of pain and pain management of girls and women?

- Yes
 No

This submission represents...*

- my personal or professional view
 the views of an individual researcher, an organisation, or group/s
 the personal view of an individual I am a parent or guardian of
 the personal view of an individual I am a carer or friend of

Organisation, Individual Researcher, or Group/s Name (if applicable)

Click or tap here to enter text.

Name of approver (if applicable)

If you are making a submission on behalf on an organisation or group/s, please indicate who authorised it. For example, the executive committee.

Click or tap here to enter text.

Submission contact

Contact consent*

Contact details will only be used if the inquiry requires further details to process your submission.

Please note: if you do not provide contact details and we need further information from you, we may not be able to process your submission.

- I agree to be contacted if the inquiry requires further details to process my submission.
 I do not agree to be contacted if the inquiry requires further details to process my submission.

Preferred contact number (Optional)

Click or tap here to enter text.

Email (Optional)

Click or tap here to enter text.

Privacy

Please read [the privacy collection notice](#) to understand how your information will be used and indicate by selecting the box below that you have read it.

I have read the Privacy Collection Notice

Publishing of your organisation or group/s or individual researchers name in the final report*

Submissions will be aggregated and analysed to generate summaries of key findings for the purposes of the inquiry report and recommendations. All submissions will be confidential and deidentified by default.

Quotes or excerpts from responses may also be used in the inquiry public report. The Department of Health will take reasonable steps to de-identify any quotes or excerpts used. Submitters are asked not to include any identifying information relating to third parties, including organisations or individuals.

If you are a researcher or clinician, or representing a group or organisation, and your information, such as a quote or excerpt is referenced in the final report, please indicate whether you would like your name or your organisation/group name to be published in the final report. If you do not opt-in to this consent your submission will remain confidential.

Please select the below to opt-in:

I consent to my name or organisation or group/s name to be made public in the final report.

Staying in touch

If you have provided your contact details, please indicate if you would like to be contacted to receive updates about the Women's Health and Wellbeing Program?

Yes, I would like to receive updates about the Women's Health and Wellbeing Program.

No, I would not like to receive updates about the Women's Health and Wellbeing Program.