

Health



Panel Attributes

My Details

- » Gender
- » Date of Birth
- » Postcode
- » Marital Status
- » What is your highest level of education?
- » How many children do you have?
- » Do you have any children living at home?
- » What is the sex of your child(ren)?
- » What is the date of birth of your child(ren)?
- » How many people are living in your home?
- » Where were you born?
- » Which of the following best describes your ancestry?

Please define which area of Healthcare & Medical you work in?

- » Ambulance/ Paramedics
- » Carer of a family member
- » Carer- Professional
- » Chiropractic & Osteopathic
- » Clinical/ Medical Research
- » Dental
- » Dietician
- » Environmental Services
- » General Practitioner
- » Management
- » Medical Administration
- » Medical Imaging
- » Medical Specialist
- » Natural Therapist & Alternative Medicine
- » Nursing - A&E Critical care, ICU
- » Nursing - Aged care
- » Nursing - Community, Maternal & Child health
- » Nursing - Educators & Facilitators
- » Nursing- General Medical & Surgical
- » Nursing- High Acuity
- » Nursing- Management
- » Nursing - Midwifery, Neo-Natural, SCN & NICU
- » Nursing - Pediatric & PICU
- » Nursing- Psych, Forensic & Correctional Health
- » Nursing - Theatre & Recovery
- » Optical
- » Pathology
- » Pharmaceutical & Medical Devices
- » Pharmacy
- » Physiotherapy, OT & Rehabilitation
- » Psychology, Counseling & Social work
- » Residents & Registrars
- » Sales
- » Speech Therapy
- » Other