# Consumer, Family and Carer Application Form

*The information you provide below is confidential. It will only be provided to the forum organisers and the Mental Health Commission Engagement and Consultation Team and will not be distributed without seeking your prior permission.*

I am applying for:
The Mental Health, Alcohol and Other Drug Workforce Strategy and Prevention Plan Forum.

Name (*Please print first and last name*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be regarded as (please tick all that apply):

[ ]  **A consumer:**

A person with a lived experience of mental health issues and/or experience of alcohol and other drug (AOD) use, who may or may not access mental health and/or AOD services and supports.

[ ]  **A family member or carer:**

A person who has experience of providing ongoing care and support to someone experiencing mental health issues and/or AOD use and may or may not be related to a consumer.

In the space below, briefly tell us your interest in the ***Mental Health, AOD Workforce Strategy*** and the ***Mental Health Promotion and Mental Illness and AOD Prevention Plan****,* and how you feel you could contribute to the Forum:

It would be appreciated if you could please complete the section provided below, this will assist the Mental Health Commission to select a diverse pool of representatives.

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Age: [ ] less than 18 years [ ] 18 – 24 [ ]  25 – 39 [ ]  40 – 59 [ ] 60+

Do you identify as a member of any of these groups? (Mark all that apply to you)

[ ]  Aboriginal

[ ]  Torres Strait Islander

[ ]  CaLD Culturally and Linguistically Diverse, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  LGBTIQ: Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning or other

Do you currently live in a regional or remote area?

 [ ] Yes [ ] No If Yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously lived in a regional or remote area?

[ ] Yes [ ] No If Yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any disability/impairment support requirements we should be aware of?
i.e. TTY, Visual aids? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are unsuccessful on this occasion, would you like the Mental Health Commission to keep you informed about other consumer/family/carer committees, events, forums etc. in the future?

 [ ] YES [ ] NO

If you require assistance to complete this application or would like to provide feedback on this application form, please contact the Mental Health Commission Engagement and Consultation team on (08) 6553 0600 or email consumerrep@mhc.wa.gov.au

**Thank you for your interest in this event.**