# Consumer, Family and Carer Application Form

*The information you provide below is confidential. It will only be provided to the Advisory Group Chair 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 Advisory Group

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 have experience of providing ongoing care and support to someone experiencing mental issues and/or AOD use and may or may not be related to a consumer.

It would be appreciated if you could please complete the section provided below. This information will assist the Mental Health Commission to develop 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 group.**

**Addressing the Selection Criteria**

Please write a statement of up to a total maximum of two pages, addressing each of the selection criteria. Approach each criteria one at a time. The points and information below may assist with how you might go about approaching the task.

* Looking at the Selection Criteria on the Expression of Interest, tell us how you could benefit the work of this group.
* Describe how your knowledge, skills, experiences and capabilities could inform the work of this group.
* List the consumer or family/carer groups or networks that you are connected with.
* Tell us of any other teams, working groups or committees you have been involved with, mental health related or not.
* Tell us if there is any other information you would like the selection panel to consider or know about yourself. This could include your past or current work roles, whether paid or volunteer and any qualifications you have.

**Some Helpful Guidelines to Assist in Completing this Application**

**Sharing your personal experiences:** For the selection panel to assess your application we need to know something about your mental health and/or AOD use journey, whether you have a consumer or family/carer perspective, or both.

It can be a challenging task to know what and how much to share of your personal experiences with people you do not necessarily know. It can be difficult at times to know how much detail to include.

For the purposes of this application we suggest that less detail is better. Please think carefully about the information you share and avoid going into lengthy personal stories about yourself or your family’s experiences. Ask yourself, why am I telling this here and now? Try to think clearly and constructively about your experiences.

Whilst we have asked you to reflect on what has happened to you and your family, it is important for you to understand that sharing your experiences will not only reflect on yourself but also on others. We recommend that you start by describing your motivation for applying for this group. Then expand on what the mental health and/or AOD use problem is or was, what type of services you or your family have used and how long for.

You may like to describe turning points in you or your family’s recovery journey, both high and low points. Think about what the challenges were and how you overcame them. Please tell us about what was helpful in your recovery journey and what could have been improved on. While negative experiences are important, please do not *unnecessarily expand* on them in this application. Be careful when mentioning other people involved like family, friends, mental health professionals and services that you do not unintentionally damage your reputation or other people’s.

Sometimes actively using your lived experience to assist others can bring up unexpected emotions, feelings, and memories and can leave you feeling overwhelmed with emotions or feeling vulnerable. Include what self-care strategies and supports you use to maintain and nurture your wellbeing. How have your experiences contributed to your sense of self? What activities do you enjoy, what you are working on and looking forward to in the future?

**Representing yourself and/or others:** We are looking for people who can integrate their experiences to benefit the work and objectives of the group. It is accepted that a person can only truly represent their own experiences and can’t represent or lobby for all consumers, families and carers. However we do expect that you will be able to express the concerns or perspectives of others that have walked a similar journey. Give some consideration to how you will be able to do this in your application. Your connections will also be able to provide support for representative roles.

**Demonstrating teamwork and collaboration:** Providing an example of teamwork and collaboration will also help us assess your application. This could include work on other committees, working groups or teams past or present, paid or volunteer, in any capacity. You may like to explain the purpose of that work, your role, and a positive outcome that resulted.

**Anything else you would like to include:** People not only bring their own personal experiences to a consumer, family, carer and community role but also their other life and work experiences including education. You may like to include this in your application but remember this is not a job application so don’t need to include every detail.

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