

**Application Form for Consumer and Family/Carer Representative for the Mental Health Court Diversion and Support Program**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to be regarded as: (You can tick both boxes)**

🞏 **A consumer:**

A person with a lived experience of mental health issues 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 who may or may not be related to a consumer.

Please provide the following information (you can use this form or attach your answers):

**We are seeking to appoint a Consumer and Family/Carer Representative with:**

* Personal experience of mental illness or caring for someone who has; and
* Personal and/or professional experience with the criminal justice system.

1. **With this in mind please confirm:   
   I have, or have had, personal experience of mental illness:   
   ** Yes

**** No

1. **I have been personally involved with the criminal justice system:**

**** Yes

**** No

1. **Please tell us about yourself and why you would like to be involved in the   
   Mental Health and Court Diversion Support Program?**
2. **Please list any relevant previous experience you have (e.g. personal experience, other committee roles, work roles, networks etc.)?**
3. **As a Consumer and Family/Carer Representative, you will need to bring a broader perspective to all discussions and decision-making. Please tell us how you could do this?**
4. **Do you have any specific areas of interest in mental health e.g.: peer work, policy and planning, housing, youth, etc.?**

1. **Details of referee (optional)**

Name:

Organisation/Position:

Email address:

Phone number:

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

**** Yes

**** No

**For more information please contact:** Margaret Slattery, Manager Diversion Programs on   
(08) 6553 0627, or [margaret.slattery@mhc.wa.gov.au](mailto:margaret.slattery@mhc.wa.gov.au).

**To apply:** Please submit your completed application form and email to [engagement@mhc.wa.gov.au](mailto:engagement@mhc.wa.gov.au) by 9am Friday, 13 July 2018.

Thank you for your interest in being part of reforming mental health in WA.