# Consumer and Family / Carer Application Form

*\*The information you provide below is confidential and will only be seen by Mental Health Commission’s Consumer Advisor and Chairperson and Secretariat of the Co-Leadership Safety and Quality Mental Health (CSQMH) Steering Group, and will not be distributed to others without prior permission.*

I am applying for **CSQMH Steering Group:**

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

*Please print first and last name*

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

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_

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

1. Would you like to be regarded as: (You can tick more than one box)

🞏 **A consumer:**

A person with a lived experience of mental health issues, who may or may not access mental health services and supports.

🞏 **A family member or carer:**

A person who have experience of providing ongoing care and support to someone experiencing mental issues who may or may not be related to a consumer.

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

1. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you: 🞏less than 18 years 🞏18 – 25 🞏26 – 40 🞏41 -60 🞏60+
3. 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 diverse sexuality and gender

1. Do you have any disability/impairment or other support requirements we should be aware of?
i.e. TTY, Visual aids, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If unsuccessful on this occasion, would you like the Mental Health Commission to keep you informed about other consumer/family/carer engagement opportunities in the future?

 🞏YES 🞏NO

**Meeting the Requirements of the Role**

Looking at the Requirements of the Role (outlined in the Expression of Interest) please write **up to two pages** outlining your suitability for the role. You may like to address each role requirement separately or present the information in a letter form. The points below may be of assistance:

* Tell us why the CSQMH Steering Group interests you and how you could contribute to the work of this Steering Group.
* What knowledge, skills, experiences and capabilities could you bring to the work of this Steering Group?
* Explain your involvement with mental health consumer or family/carer groups or other networks that you are connected with (formal or informal).
* If you have been involved in teams, working groups or committees with a focus on mental health or a focus on safety and quality issues, please tell us about your role/experience.
* Tell us if there is any other information you would like the Chairperson/Secretariat to consider or know about yourself in relation to the work of this Steering Group. This could include your past or current roles, whether paid or voluntary, and/or any qualifications you may have.

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

**Sharing your personal experiences:** For the Chairperson/Secretariat to assess your application we need to know something about your mental health journey and 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 member’s experiences. Ask yourself, why am I telling this here and now? Try to think clearly and constructively about your experiences and its relevance to the work of the Steering Group.

Whilst we have asked you to reflect on what has happened to you and/or 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 Steering Group. Then provide a brief description of the type of mental health services you or your family have used, how long you/your family member used these services for and your/their experiences of these services. Wherever possible please refer to the Terms of Reference for this Steering Group to guide your application.

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 complete this application can bring up unexpected emotions, feelings, and memories and can leave you feeling overwhelmed with emotions or feeling vulnerable. If this happens, we strongly encourage you to seek support for your mental wellbeing and assistance with your application if you need to.

**Representing yourself and/or others:** We are looking for people who can integrate their experiences to benefit the work and objectives of the Steering Group. It is accepted that a person can only truly represent their own experiences and can’t represent or lobby for all consumers and/or 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 with other people or with community groups can also support your role as a consumer and/or family/carer representative.

**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 voluntary, 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 you 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 either louise.howe@mhc.wa.gov.au or allison.barrett@mhc.wa.gov.au

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