# 

# Consumer, Family, Carer Application Form

*\** *The information you provide is confidential and will only be seen by the Steering Group members and MHC staff who are involved in the selection process. Your information will not be distributed without prior permission. Sensitive personal information contained in consumer/service user, family and carer Expressions of Interest, and Application Forms (including emails with attachments) are stored electronically in a confidential, secure folder with strictly, limited access. The records are stored in line with the Privacy Act 1988.*

I am applying for: **Measuring Outcomes Project Steering Group**

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

*Please print first and last name*

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

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

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

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

🞏 **A consumer/service user:**

A person who is accessing or has accessed mental health and/or drug and alcohol (AOD) services in metropolitan, regional or remote areas.

🞏 **A family member or carer:**

A person who has experience of providing ongoing care and support to a consumer/service user as described above.

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

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

Are you: 🞏 Less than 18 years 🞏 18 – 25 🞏 26 – 40 🞏 41 - 60 🞏 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 diverse sexuality and gender)

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

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** from the Expression of Interest please write **up to two (2) pages** outlining your suitability for the role.

You may like to address each role requirement separately or present the information in a letter format.

You can outline your suitability for the role by providing information about yourself using the five points below:

1. Tell us about your experience accessing mental health and/ or AOD services (as a consumer, family member or carer whichever is most relevant to you).
2. Tell us why this role interests you and how you could contribute to the work of the Measuring Outcomes Project Steering Group.
3. Tell us about the knowledge, skills, experiences and capabilities that you could bring to the work of the Measuring Outcomes Project Steering Group.
4. Tell us about any involvement you have/have had in teams, groups or committees, whether mental health or AOD related or not (i.e. sporting, community, work or volunteer groups).
5. Tell us if there is any other information you would like the selection panel to consider or know about you in relation to the work of the Steering Group. This could include your past or current work roles, whether paid or volunteer and any qualifications you may 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 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/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 committee or group. Then expand on what the mental health and/or AOD 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 that 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?

**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 you don’t need to include every detail!

If you require assistance to complete this application (including asking the questions verbally) or would like to provide feedback about this application form, please contact Nicole Chappell at [Nicole.Chappell@risenetwork.com.au](mailto:Nicole.Chappell@risenetwork.com.au) or on 0409 785 838.

**Thank you for your interest in being part of improving mental health, alcohol and other drug services in Western Australia.**