# WW4WA_Sunshine

# Consumer and Family / Carer Application Form

*\*The information you provide below is confidential and will only be seen by the Mental Health Commission’s Assistant Directors Sector Development and Planning Policy and Strategy and will not be distributed to others without prior permission.*

I am applying for the **Mental Health Commission’s Panel of Consumers and Carers for Tender Evaluation Panels established to procure mental health and alcohol and other drug services:**

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 and/or alcohol and other drug (AOD) issues, who may or may not be currently using mental health or AOD services

🞏 **A family member or carer:**

A person who has experience of providing ongoing care and support to someone experiencing mental health and/or alcohol and other drug issues who may or may not be related to the person they care for.

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 consumers and carers available.

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

Levels 1 and 2 Workzone, 1 Nash Street, Perth, Western Australia 6000

Letters GPO Box X2299, Perth Business Centre, Western Australia 6847

Telephone (08) 6553 0600 Facsimile (08) 6553 0400

Website: [www.mhc.wa.gov.au](http://www.mhc.wa.gov.au)

**Meeting the Requirements of the Role**

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

* Tell us why the MHC Tender Evaluation Panels interests you.
* What knowledge, skills, experiences and capabilities could you bring to the work of Tender Evaluation Panels?
* Explain your involvement with consumer or family/carer mental health and/or alcohol and other drug groups or other networks that you are connected with (both formal and informal).
* If you have been involved in teams, working groups or committees with a focus on mental health and/or alcohol and other drug services, or a focus on procuring or evaluating services, please tell us about your role/experience.
* Tell us if there is any other information you would like the Mental Health Commission to consider or know about yourself that relates to the work involved. This could include:
* access to any non-government mental health and/or alcohol and other drug services;
* 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 Mental Health Commission 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 Tender Evaluation Panels.

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 EOI. Then provide a brief description of the type of mental health and/or drug and alcohol 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 information provided in the EOI, and/or the Community Services Evaluation Handbook, 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 MHC’s Tender Evaluation Panels. 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 relevant concerns or perspectives of others that have walked a similar journey when participating on the Tender Evaluation Panel. Your connections with other people, or with community groups, both formal and informal, can also support your application as a consumer and/or family/carer on the MHC’s Tender Evaluation Panel.

**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](mailto: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 and**

**alcohol and other drug services in WA.**