**Roadmap for Community Mental Health Treatment and Emergency Response Services (CTER Roadmap)**

# Clinical Representative – Expert Working Group Application Form

*\* The information you provide below will only be seen by the CTER Roadmap project team and selection panel (inclusive of Steering Committee members), will be stored electronically in a confidential, secure folder with strictly, limited access. The records are stored in line with the State Records Act 2000.*

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| --- | --- | --- | --- | --- | --- | --- |
| I am applying to be a member of an Expert Working Group to the Roadmap for Community Mental Health Treatment and Emergency Response Services (CTER Roadmap) Steering Committee. | | | | | | |
| Name (*please print first and last name)* | | | | |  | |
| Postal Address | | | |  | | |
| Suburb |  | | | | | |
| State | |  | | | Postcode |  |
| Email address | |  | | | Contact number |  |
| Position title and discipline | | |  | | | |
| Organisation or company | | |  | | | |

|  |  |
| --- | --- |
| Do you have any disability/impairment support requirements we should be aware of? |  |

Have you received approval from your organisation / line manager to participate on this EWG?

🞏 YES 🞏 NO

If unsuccessful on this occasion, would you like the Mental Health Commission to keep you informed about other opportunities to participate in consultations as part of the CTER Roadmap?

🞏 YES 🞏 NO

Do you work in regional or remote WA?

🞏 YES 🞏 NO

|  |  |
| --- | --- |
| If yes, please specify which area? |  |

**Please tick the box/s of the service/s you currently work for:**

🞏 North Metropolitan Health Service

🞏 East Metropolitan Health Service

🞏 South Metropolitan Health Service

🞏 Western Australian Country Health Service

🞏 Child and Adolescent Health Service

🞏 Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which Expert Working Group/s align with your experience (you can tick more than one)**

Metropolitan Community Treatment Services EWG

Regional and Remote Community Treatment Services EWG

Emergency Response Services EWG.

**Meeting the Requirements of the Role**

Please provide responses to the following criteria:

1. A senior clinician or health service manager, with significant experience working in the area of youth, adult and / or older adult community mental health treatment or emergency response services, or that has an interface with those services.
2. Previous experience working and consulting widely with a network of clinicians, service providers, consumers, families, carers, and / or other community members.
3. Be sufficiently confident to be able to present their views in discussions and decision-making in EWG meetings.
4. Well-developed interpersonal skills, including the ability to give constructive input, maintain good working relationships with stakeholders, listen objectively, negotiate and make reasoned judgements. Demonstrated ability to use these skills to achieve results.
5. Understanding of matters that affect and impact on mental health community treatment services and/or mental health emergency response services.
6. Understanding of a range of mental health issues and/or AOD use, including how these impact consumers, their families, carers and the community
7. Passion or interest in improving mental health outcomes for youth, adults and older adults in WA through participation in the CTER Roadmap Project.

**Please send your completed application to Ms Anya-Jane Walters, Principal Project Manager by 9:00AM, Monday 9 August 2021.**

Email: [CommunityRoadmap@mhc.wa.gov.au](mailto:CommunityRoadmap@mhc.wa.gov.au)

Or via the[**electronic form.**](https://forms.office.com/Pages/ResponsePage.aspx?id=ub4mXTDXQ0OiUdFwyoY3fFch6DWiD7JGmFDCgOyjl01UQjQ2WTBDVTlOTVc0RzBHSjc3MVY0MzJDTC4u)

**Thank you for your interest in being part of transforming mental health, alcohol and other drug services in WA.**