**Application form**

**Carer Representative**

**Statutory Review of the Mental Health Act Steering Group**

*\* The information you provide below will be seen by selection panel only. Sensitive personal information located in consumer, family and carer Expression of Interest* (*EOI) document, application forms and criminal records screening checks (including emails with attachments) is stored electronically in a confidential, secure folder with strictly limited access, in line with the State Records Act 2000.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Please print first and last name)*

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

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

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

Please complete the section provided below. The information will assist the Mental Health Commission to develop a diverse pool of representatives.

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you: 🞏 under 18 years 🞏18 – 24 🞏25 – 40 🞏41 -64 🞏65+

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or Questioning

Do you have any disability/impairment support requirements we should be aware of?  
i.e. TeleTYpe 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

**Written Statement**

Referring to the requirements of the role (outlined in the EOI and Terms of Reference) please provide a **two** **(2) page** written statement to outline your suitability for the role. The points below may help:

* Why does the Steering Group interest you, and how you could contribute to its work?
* What knowledge/skills/experiences/capabilities could you bring to the Steering Group?
* What is your involvement with mental health consumer or family/carer groups or networks (formal or informal)?
* What is your involvement in teams, working groups or committees (whether mental health or alcohol and other drug related or not)?
* Is there any other information you would like the selection panel to consider or know about yourself, 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 have.

**Some helpful guidelines to help you complete this application**

**Please tell us your motivation to join the Steering Group:** To assess your application, we need to know something about your mental health journey as a family/carer. It can be challenging to share of your personal experiences with people you do not necessarily know so you may like to keep this information more general, without going into specific details. Some suggestions to include are:

* what was/is the mental health issue;
* what mental health service/s you have experience with, and how long for;
* what were the challenges, what were the high and low points in the journey;
* what has been helpful in the recovery journey, and what could have been improved on.

Note: Be careful when mentioning other people involved, such as family, friends, mental health professionals and services, that you do not unintentionally damage your reputation or other people’s reputations.

**Self Care**: Sometimes actively using your lived experience to assist others can bring up unexpected emotions, feelings, and memories, and leave you feeling overwhelmed or vulnerable. Tell us about your self-care strategies/supports to maintain and nurture your wellbeing. What activities do you enjoy, what you are working on, and looking forward to in the future?

**Representing yourself and/or others:** We are looking for people who can integrate their experiences to benefit the Steering Group’s work and objectives. Whilst a person can only truly represent their own experiences and cannot represent or lobby for all families/carers, we do expect that you would be able to express the concerns or perspectives of others who have walked a similar journey. In your application, tell us how you would be able to do so.

**Demonstrating teamwork and collaboration:** Please provide us with an example of your teamwork and collaboration. 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 need not include every detail.

**Please complete the application form and return by 4:00pm Wednesday 12 January 2021:**

* Email: [statutoryreview@mhc.wa.gov.au](mailto:statutoryreview@mhc.wa.gov.au)
* Post:  
  The Mental Health Commission  
  GPO Box X2299  
  Perth Business Centre  
  WA, 6847

Attention: Lauren Atkinson

* Hand delivery (marked “Attention: Lauren Atkinson”):

Level 1, Workzone,1 Nash Street, Perth.

(Our offices are adjacent to the McIver train station.)

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