**Application form**

**Policy Analyst – Lived Experience**

**Statutory Review of the Mental Health Act (2014)**

*\* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Written Statement**

Referring to the requirements of the role (outlined in the EOI and below) please provide a **two** **(2) page** written statement to outline your suitability for the role.

1. Knowledge and experience related to treatment and care under mental health legislation;
2. Demonstrated ability to use lived or living experience of mental health and/or AOD issues and recovery to purposefully support better outcomes for others;
3. Demonstrated experience in strategic policy management, development, implementation and review;
4. Well-developed conceptual, analytical and research skills with the ability to resolve problems of a complex nature;
5. Good understanding of matters that affect people with mental health issues and matters that affect their families, carers and community, including those of marginalisation, stigma and discrimination; and
6. Demonstrated well-developed interpersonal skills, including the ability to give constructive input, maintain good working relationships with stakeholders, listen objectively, negotiate and make informed judgments.

**Please complete the application form and return by 4:00pm Monday 17 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.**