# Application Form

# Western Australian Representative for the National Mental Health Consumer and Carer Forum

*\*The information you provide below is confidential and will only be provided to the Selection Panel members and will not be used for any other purpose or distributed without prior permission.*

1. 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 living or lived experience of mental health issues.
	* **A carer (being a family member, neighbour or friend) or family member:**A person who have experience of providing ongoing care and support to someone living or lived experience of mental health issues.
2. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you: 🞏younger than 18 years 🞏18–25 🞏26–40 🞏41-60 🞏60+
4. 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
5. Do you have any disability/impairment support requirements we should be aware of?
i.e. TTY, Visual aids? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If you are unsuccessful on this occasion, would you like the Mental Health Commission to keep you informed about other consumer/family/carer committees, events, forums etc. in the future?

 🞏YES 🞏NO

**Selection and Application Process**

The Selection Panel uses the NMHCCF selection process outlined in their document
[A nationally consistent approach for NMHCCF consumer and carer selection and representation](https://nmhccf.org.au/sites/default/files/docs/A%20nationally%20consistent%20approach%20for%20NMHCCF%20consumer%20and%20carer%20selection%20and%20representation.pdf) to appoint one consumer representative and one carer representative. Mental health consumers and carers interested in being a Western Australian representative on the NMHCCF should address each of the selection criteria (**maximum of 1500 words in total**), and provide a letter of support from a relevant consumer or carer organisation.

A selection panel will review and short list the applications. An informal interview may be required. The outcome of applications will be announced by the end of May 2018.

**Selection criteria**

1. Demonstrated ability to provide an understanding of consumer or carer perspectives at a system advocacy level. For example, skills could include:
* An understanding of the principles of consumer or carer participation;
* Being widely informed of and able to represent consumer or carer experiences beyond one’s own personal experience;
* Familiarity or the ability to gain familiarity with state or territory and national policy issues in mental health;
* Being able to provide advice and strategic direction to the NMHCCF on behalf of Western Australian consumers or carers; and
* Being able to problem solve, use initiative and contribute to the goals of the NMHCCF.
1. Demonstrated ability to maintain networks with state or territory-based consumer or carer mental health organisations or government bodies and their constituents.
2. Well-developed interpersonal skills including the ability to work as part of a team and also maintain good working relationships with NMHCCF members and other stakeholders in the mental health policy development process e.g. government, service providers.
3. Well-developed communication skills including listening, providing feedback, negotiation and the demonstrated ability to use these to achieve results.
4. Willingness to participate in training relevant to the work of the NMHCCF (this training would not be onerous and would be provided through the NMHCCF).
5. An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on consumers and their families’ experiences of mental illness.

**A letter of support should be provided by a relevant consumer or carer organisations outlining your suitability for the role.**

**Applications can be sent by:**

* Email: engagement@mhc.wa.gov.au , **NMHCCF rep** in the subject line; or
* Post: Mental Health Commission, GPO Box X2299, Perth Business Centre,
WA, 6847.

For further information please contact Ms Louise Howe on 6553 0425 or by
email on engagement@mhc.wa.gov.au

**Applications must be received by 5pm, Monday 30 April 2018.**