## **MHERL Review**

### **Expression of interest for consumers and carers**

This form is for consumers or carers seeking a role on the MHERL review. An online version is also available and can be found at: <https://forms.office.com/r/KUJ9nRgjGL>. For help in completing this form call Kirstie Kemble on 0466 507 573 or email [MHERLReview@health.wa.gov.au](mailto:MHERLReview@health.wa.gov.au).

|  |  |  |
| --- | --- | --- |
| **Would you like to receive updates about the MHERL review project?** ☐ Yes ☐ No  **How would you like to receive them?** ☐ Email ☐ Post *Please provide details below* | | |
| **About you** | | |
| **Preferred name:** | | **Pronouns:**  *(she/her, he/him, they/their)* |
| **Email Address:** | | **Phone Number:** |
| **Age:**  Under 18  18-24  25-64 65+ | | **For U/18s: Parent or Guardian Details:** *If under 18, you need the consent of your parent or guardian. Please provide contact details and let them know we may call them*.  **Parent/guardian’s name:**  **Telephone:**  **Email:** |
| **I live in:**  a metropolitan area  a regional town  a remote area  **Your address:** | |
| **What is your Indigenous Status:** | Aboriginal  Torres Strait Islander  Neither  Prefer not to say  Other: | |
| **What was your sex recorded at birth?** | Male  Female  Another term (please specify): | |
| **How do you describe your gender?** | Man or male  Woman or female  Non-binary  Prefer not to answer  I use a different term (please specify): | |
| **How do you describe your sexual orientation?** | Straight (heterosexual) Gay or lesbian Bisexual  Don’t know Prefer not to answer  I use a different term (please specify): | |
| **Are you from a culturally and linguistically diverse background?**  Yes  No  If yes, please describe your cultural background | | |
| **Do you require an interpreter?** ☐ Yes ☐ No  If yes: which language? | | |

|  |  |  |
| --- | --- | --- |
| **What best describes you;**  I am a person who has experienced mental health difficulties  I am a family member, carer or friend of someone who has experienced a mental health crisis  Other: *Please specify:* | | |
| **Which services have you, or the person you care for, accessed for mental health support** | | |
| The Mental Health Emergency Response Line (MHERL)  Rurallink  Emergency Telehealth Service  Private or Medicare Psychology  Private Psychiatrist  Other *Please specify:* | | Non-government mental health services  Local Community Mental Health Service  GP  An emergency department  Hospital or inpatient service  I don’t know |
| **How do you want to be involved** | | | |
| **Will you need support to be involved?**  Yes No If yes, please advise of requirements (for example, wheelchair access, language support): | | |
| **What is your preferred method for being involved?**  face to face online/virtual  combination, depending upon my other commitments | | |
| **Your availability:**  **Please indicate days and times you would *not* be available:**  **Please indicate the days and times that suitable for you** | | |
| **How would you like to be involved?**  Member of the Lived Experience Advisory Group  Being a representative on MHERL team meetings  Reviewing service documents  Attending a project workshop | **I’m interested in the following workshop topics:**  Consumer and carer feedback and surveys  A culturally secure service for Aboriginal people  Supporting people in country, regional and remote areas  Using technology to enhance care in a crisis  Metropolitan After-hours crisis response  Arranging a crisis response when it’s needed | |
| **Please provide details for two referees**  Referee 1  Name:  Phone number and/or email:  Referee 2  Name  Phone Number and/or email: | | |

|  |
| --- |
| **Your written application** |
| **Please tell us why you would like to be a consumer or carer representative with MHERL and Rurallink?** |
| **What experience or skills do you think you would bring to the MHERL review project?** |
| **Please describe how your current or past work, voluntary or life experience could be used within the MHERL review project?** *This can include your mental health lived experience and other life experiences. If you are involved with consumer, carer or community groups please tell us about them.* |
| **Is there anything else you want to tell us about yourself?** |

Thanks for taking the time to complete this form.

Please email to [MHERLReview@health.wa.gov.au](mailto:MHERLReview@health.wa.gov.au) or give it to a WA Health staff member to submit on your behalf.

Alternatively, please contact Kirstie Kemble on 0466 507 573 for postal details.