## **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.

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| **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? |

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| **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 1Name:Phone number and/or email:Referee 2 NamePhone Number and/or email: |

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| **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 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.