

Your details:

Name:

Date:

Phone:

Email:

Address:

Preferred method of contact: Email SMS/text Phone Post Other: (please specify)

Please note: Any information you provide will be kept strictly confidential and will be stored in a secure file.

1. Why would you like to participate as a member of the Community Advisory Committee?

2. What skills do you have that would help you in this role? Please tick the options that you believe relate to you.

- Informed of, and able to represent lived experiences beyond that of your own
- Awareness of mental health programs and/or frameworks
- Active connections to relevant networks or groups
- Well-developed communication skills including listening, feedback and negotiation
- Document Review
- Policy Development
- Planning
- Co-production
- Other relevant experiences based on the above criteria: Working effectively in improvement teams.

3. Do you have knowledge, expertise or lived experience in the following areas that you would be willing to share in the Community Advisory Committee?

If so, please tick the relevant area/s and then describe to us how you feel this would be of use to the SAMHC plan in the space below.

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal communities | <input type="checkbox"/> Military/Defence/Veterans |
| <input type="checkbox"/> Children | <input type="checkbox"/> Older people |
| <input type="checkbox"/> Children in Care | <input type="checkbox"/> Perinatal mental health |
| <input type="checkbox"/> Culturally & Linguistically Diverse (CALD) communities | <input type="checkbox"/> Positive mental health |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Private mental health |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Drug and alcohol misuse | <input type="checkbox"/> Rural & Remote |
| <input type="checkbox"/> Forensic/Corrections/Ex-prisoners | <input type="checkbox"/> Sex industry |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Small business |
| <input type="checkbox"/> Gender & Sexually Diverse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Housing/Homelessness/Supported Accommodation | <input type="checkbox"/> Torture and trauma |
| <input type="checkbox"/> Lived experience of mental illness | <input type="checkbox"/> Young people |
| | <input type="checkbox"/> Other knowledge/expertise you think is relevant to mental health and wellbeing |

4. Please tell us why you think your knowledge/experience/expertise is relevant to mental health and wellbeing.

5. Please list other work relevant to mental health you are involved in – this may be committees, volunteer work or employment, or anything else you do that you think is relevant.

6. Please provide contact details of one referee that would be able to support your application, so they can be contacted for further information if required.

Your referee:

Name:

Phone: