mental health families & friends TASMANIA

Your trusted voice in mental health

Family & Friend Representative Program Application Form

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PREFERRED METHOD OF CONTACT: _____

AGE RANGE (please circle):

16-20 years	21-25 years	26-30 years	31-35 years	36-40 years	41-45 years	46-50 years	51-55 years	56-60 years
61-65 years	66-70 years	71-75 years	76-80 years	81-85 years	86-90 years	91-95 years	96-100 years	

AREA OF LIVED EXPERIENCE:

(i.e., anxiety, schizophrenia, drug use, alcohol use)

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-
-

DO YOU IDENTIFY AS:

☐ Aboriginal

☐ Torres Strait Islander

☐ Both

☐ Neither

☐ Prefer not to say

DO YOU IDENTIFY AS COMING FROM A CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITY?

☐ Yes

☐ No

IS ENGLISH YOUR FIRST LANGUAGE?

☐ Yes

☐ No

If no, which is? _____

PLEASE TICK THE BOXES INDICATING YOUR SKILLS AND AREA OF EXPERIENCE:

☐ Public speaking	☐ Interview panel member	☐ Writing	☐ Focus group/working group member	☐ Research
☐ Board member	☐ Policy and legislation analysis/ development	☐ Service delivery reviews	☐ Service planning/ development	☐ Community consultation
☐ Risk Management & Mitigation	☐ Safety & Quality	☐ Evaluation	☐ Strategic Planning	☐ Group Facilitation
☐ Human Resources	☐ Project Planning	☐ Group discussion	☐ Advocacy	☐ Representation
☐ Other:				

PLEASE TICK THE BOXES INDICATING THE TYPES OF SERVICES YOU/THE PERSON YOU SUPPORT HAVE ACCESSED:

☐ Adult Community Mental Health Community Services (State)	☐ Child and Adolescent Mental Health Services (State)	☐ Older Persons Mental Health (State)	☐ Alcohol and Drug Services (State)	☐ Community managed Mental Health Services (e.g., Baptcare, Anglicare, headspace)
☐ Community managed Alcohol and Drug Services (e.g., Salvation Army)	☐ Private Adult Mental Health	☐ Private Youth Mental Health	☐ Private Older Person Mental Health	☐ Private Alcohol and Drug Services
☐ Forensic Mental Health	☐ Housing support	☐ NDIS	☐ Employment support	☐ Finance and income support
☐ Education support	☐ Guardianship	☐ Legal Aid	☐ Police	
☐ Other:				

AVAILABILITY (preferred days and hours):

MON	
TUES	
WED	
THURS	
FRI	

WHAT METHOD OF TRANSPORT DO YOU USE? _____

TRAVEL (please tick the travel you are willing to do)

☐ Local Only

☐ Intrastate (around Tasmania)

☐ Interstate

DETAILS OF YOUR RELEVANT SKILLS AND EXPERIENCE (work, support role, etc) (please attach a separate document if more space is required)

WHY DO YOU WANT TO JOIN THE FAMILY AND FRIEND REPRESENTATIVE PROGRAM?

CAN YOU SHARE YOUR EXPERIENCES WITH MENTAL HEALTH AND OR AOD SERVICES? (Please only share what you are comfortable sharing)

DO YOU HAVE ANY OTHER QUESTIONS?

CAN YOU PLEASE PROVIDE 1-2 REFERENCES FOR US TO CONTACT?

1) Name: _____

   Email: _____

   Phone: _____

   Role: _____

2) Name: _____

   Email: _____

   Phone: _____

   Role: _____