



Family & Friend Representative Program Application Form

Name:	Area of lived experience, (e.g.: anxiety, schizophrenia):	
Address:	Age Range: (highlight one) 16-25; 26-35; 36-45; 46-55; 56+	
Phone:	Gender:	
Email:	Preferred method of contact:	
Do you identify as Aboriginal or Torres Strait Islander and/or as coming from a CALD (culturally and linguistically diverse) community? Y/N Details:	Is English your first language? Y/N If no, which is?	
Please tick one or more boxes indicating your skills and experience:		
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Working with youth	<input type="checkbox"/> Working with aged
<input type="checkbox"/> Interview Panels	<input type="checkbox"/> Peer Support/Mentor	<input type="checkbox"/> Research
<input type="checkbox"/> Writing	<input type="checkbox"/> Policy Development	<input type="checkbox"/> Service Delivery reviews
<input type="checkbox"/> Focus groups	<input type="checkbox"/> Board member	<input type="checkbox"/> Community Consultation
<input type="checkbox"/> Media	<input type="checkbox"/> Clinical care	<input type="checkbox"/> Working with diverse cultures
Please tick one or more boxes indicating the types of services you have accessed:		
<input type="checkbox"/> Public mental health	<input type="checkbox"/> Youth	<input type="checkbox"/> Literacy/ Numeracy
<input type="checkbox"/> Private mental health	<input type="checkbox"/> Aged	<input type="checkbox"/> Income/finance support
<input type="checkbox"/> Community sector	<input type="checkbox"/> Housing	<input type="checkbox"/> Indigenous
<input type="checkbox"/> Forensic	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Multicultural
<input type="checkbox"/> Local Government	<input type="checkbox"/> Alcohol and other Drugs	<input type="checkbox"/> Employment
<input type="checkbox"/> Other (please list):		

Details of your current and recent skills and experience (please attach a separate document if more space required):

Transport (how do you get around?):

Availability (preferred hours):

Day time:

Night time:

Weekends:

Travel (please highlight): local only | around Tasmania | interstate

Is there anything else you would like to tell us? (you may wish to attach some documents)

I understand that to participate in the FFRP, I must hold a current Working with Vulnerable People (WWVP) Card and National Police Check (cost of these reimbursed by MHFFTas)

I understand that I am responsible for reporting income associated with representative activities to the ATO or Centrelink if required.

I would like to participate as a Family/Friend Representative but feel I need further personal and professional development. Please advise me of any opportunities that may assist me.