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**Expression of Interest – Consumer/Carer Representatives for the Youth Mental Health – Capital Program**

The Department of Health is committed to ongoing engagement and participation of health consumers following the work done implementing the Government response to the Barrett Adolescent Centre Commission of Inquiry report. See the youth mental health website for further information: <https://www.health.qld.gov.au/improvement/youthmentalhealth>

An opportunity for a consumer representative is now available on the Project Implementation Group. The Project Implementation Group oversees the capital program to ensure projects are managed and advice/direction is provided to support the timely and successful delivery of the mental health facilities. Meetings are held **monthly** and the group will meet throughout 2019 until scheduled completion of construction for the capital program. The successful applicant will join another consumer representative and a carer representative, already on the group.

Health Consumers Queensland is working closely with Queensland Health, the Barrett community of former patients, family and friends and young mental health consumers and carers in Queensland, to ensure consumer and community needs are considered during the construction and commissioning phase of the youth mental health – capital program.

Consumers with experience in child and youth mental health are invited to submit expressions of interest for a representative position on the Project Implementation Group. Mental Health Consumers between the ages of 18 and 25 years are encouraged to apply.

Please complete this Expression of Interest and email to Leonie Sanderson: leonie.sanderson@hcq.org.au by **midday Friday 15 February 2019.** Please phone Leonie on 0437 637 033 if you are interested in applying but are unable to submit by this date.

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| Personal Details |
| Surname: |  | Given Name: |  |
| Address: |  | Postcode: |  |
| Phone No.:Mob: |  | Email: |  |
|  |  |  |  |
| *Please highlight to indicate your response* |
| Do you identify as Aboriginal and/or Torres Strait Islander? | Yes |  | No |  |
| Do you identify as being Culturally or Linguistically Diverse? | Yes |  | No |  |
| Do you identify as being from a non-English speaking background? | Yes |  | No |  |
| Do you identify as being transport disadvantaged or physically isolated? | Yes |  | No |  |
| Do you identify as having a disability? | Yes |  | No |  |
| By completing this application I consent for my details to be added to the Health Consumers Queensland network database | Agree | I do not agree |
| Are you happy for Health Consumers Queensland to share this form with the Patient Safety and Quality Improvement Service as part of the process for this application? | Yes |  | No |  |
| Would you like Health Consumers Queensland to retain this application for future vacancies? *Applications not retained are destroyed once the application process is complete.*  | Yes |  | No |  |

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| Support Requirements |
| I will require support to attend these meetings | Yes |  | No |  |
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| Dietary requirements |
| I have special dietary requirements | Yes |  | No |  |
| *Please give details* |

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| Please describe any experience (if any) as a health consumer representative including committees, focus groups, surveys, governance roles, etc.  |
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| Please describe any connections you have to your community (e.g. networks, groups) |
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| Please describe your interest in this activity, and any relevant experience you have to inform your contribution. |
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