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**Expression of Interest for**

**Adolescent Extended Treatment Facility Steering Committee: Consumers and Carers**

**Consumers and carers with experience or interest in child and youth mental health are invited to submit expressions of interest for a representative position on the Adolescent Extended Treatment Facility Steering Committee.**

About the Project

The Department of Health is committed to ongoing engagement and participation of health consumers following [the Government’s response to the Barrett Adolescent Centre Commission of Inquiry report](https://www.health.qld.gov.au/improvement/youthmentalhealth).

As part of the 2017-18 State Budget, the Government committed to deliver a new Statewide Adolescent Extended Treatment Facility (AETF) at The Prince Charles Hospital, to be operated by Children’s Health Queensland Hospital and Health Service (CHQ).

To progress the next stage of work, CHQ, in collaboration with the Department of Health, other key Government agencies and health consumers, is establishing an AETF Steering Committee to ensure effective governance of the AETF commissioning process.

Committee Membership

The Committee is to ensure advice and direction is provided to support timely and successful delivery of the AETF, and the necessary systems and processes to deliver a quality, safe, and inclusive mental health service. The Committee will be chaired by Frank Tracey, Executive Director Clinical Services – Children’s Health Queensland, and meetings will be held on a monthly basis.

Role of the Consumer Representative

Health Consumers Queensland is working closely with Queensland Health, the Barrett community of former patients, family, friends, young mental health consumers, and carers in Queensland to make sure consumer and community needs are considered during the development and commissioning of the new AETF. In addition to sharing experiences from a consumer or family member perspective, consumer representatives will:

* Provide information and feedback to the group
* Provide direct advice to inform developing solutions/decision making
* Provide feedback to be considered and influence future solutions or decision making

Time and location

Times and location – TBA

Remuneration and Support

Remuneration costs will be consistent with Health Consumers Queensland Remuneration and Reimbursement of Consumers Position Statement [which can be found here.](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf)

How to Apply

Please complete this Expression of Interest and email to Leonie Sanderson: leonie.sanderson@hcq.org.au by **midday Tuesday 9 August 2018.**

Please call Leonie on 0437 637 033 if you are interested in applying but are unable to by this date.

**Expression of Interest for**

**AEFT Steering Committee: Consumers and Carers**

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| **Personal details** |
| Full name:  |
| Phone number:  |
| Email: |
| Address: |
| Postcode: |
| By completing this application I consent for my details to be added to the Health Consumers Queensland network database  | Yes | No |
| Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application?  | Yes | No |
| Would you like us to retain this application for future vacancies*Applications not retained are destroyed once the application process is complete.* | Yes | No |
| For the purposes of this application, do you identify as a: | Consumer | Carer |
| **Please highlight any group that you identify as being a part of:** |
| * Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
 | * Culturally or linguistically diverse
* From a non-English speaking background
 |
| **Other needs and requirements** |
| Is there anything that will help you participate in this activity more fully? | Yes | No |
| *If yes, please provide details eg disability support worker, interpreter, closed captioning, hearing loop, central position to enable better hearing, etc.*  |

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| *Your responses to the following questions only need to be a brief sentence or two.* |
| 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 topic |
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