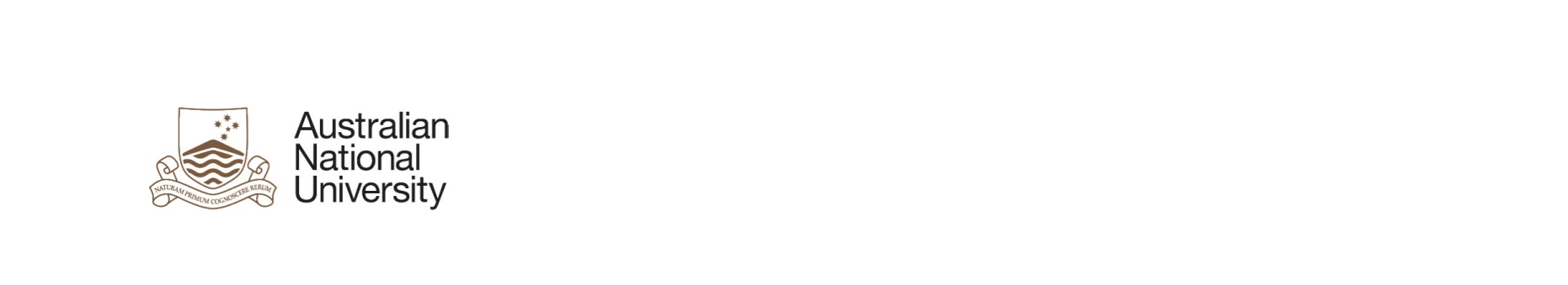
**ACT Consumer & Carer**

**Mental Health Research Unit Advisory Group**

Independent Carer Member Expression of Interest

**Part A. Personal details**

Name:

Address:

Telephone:

Email:

**Part B. Brief statements about your interest and/or experience**

|  |
| --- |
| 1. Why would you like to be a member of the Advisory Group? |
| 1. What do you think you would contribute to the Advisory Group? |
| 1. Have you any relevant experience as a member of an advisory group, panel or carer group etc? |
| 1. Do you have other friends/groups with mental illness or experience as a carer whom you could consult with and represent on the Advisory Group? |
| 1. We would like diverse representation on the Group (e.g. Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse, gender diverse). Do you identify as from a diverse background?   No 🞏  Yes 🞏 Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you be available for meetings every two months? Yes 🞏 No 🞏  Would you be interested in a training/orientation session? Yes 🞏 No 🞏 |

**Please return to:**

**ACACIA**

**Email:** [acacia@anu.edu.au](mailto:acacia@anu.edu.au)

**Mailing address:**

ACACIA at CMHR

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The Australian National University

Acton ACT 2601,

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**Closing date: 8 June 2018**