

Expression of Interest: Expert Advisory Group - Mental Health and Wellbeing Community Redesign

Application Form

OFFICIAL

Your Information

Please note the expression of interest is open to the following (**please check all that apply**):

- Consumer representative - Area Mental Health and Wellbeing Service (AMHWS) or Community Mental Health Service
- Carer, family or supporter representative - Area Mental Health and Wellbeing Service (AMHWS) or Community Mental Health Service
- Multicultural representative
- First Nations representative – Aboriginal Community Controlled Health Organisation (ACCHO) or AMHWS
- Adult and Older Adult Mental Health and Wellbeing Services representative
- Infant, Child and Youth Mental Health and Wellbeing Services representative
- Non-government organisation representative delivering community-based mental health and wellbeing services
- Workforce or Industrial relations representative

Please ensure that you have obtained support from your organisation prior to submitting your application (if applicable).

Name:		
Email:		
Phone:		
Organisation:		
Role:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> I am currently not working	
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Are you a member of other boards, panels or advisory groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list here:

1. Please broadly tell us about yourself, highlighting your work experience and achievements, and why you are interested in the position.

2. Please provide specific details of any additional experience, knowledge or qualifications regarding mental health and wellbeing. Where possible, with reference to Aboriginal communities, LGBTQIA+, disability and multicultural communities.

3. Please provide specific details of professional knowledge and experience you have with regard to Victoria's mental health system, community-based mental health and wellbeing supports, services delivered by Area Mental Health services or other applicable information.

4. Please provide specific details of any professional knowledge and experience you have regarding system improvement in the field of community-based mental health and wellbeing.

5. Please provide details about any real or perceived conflict of interest you may have in undertaking responsibilities for the Expert Advisory Group – Mental Health and Wellbeing Community Redesign.

State the specific conflict identified, for example, relationship with employee, friend or family; financial interest; involvement in applying for government grants and/or funding; conflict of duty; and how this raises and actual, potential or perceived conflict of interest.

In answering this question, it may be helpful to consider the following points:

- *Is there a realistic expectation that I will, directly or indirectly, gain a financial or other material benefit or suffer a financial or other material loss as a result of my joining the Expert Advisory Group?*
- *Is there a realistic expectation that someone in a personal or business relationship with me will, directly or indirectly, gain a financial or other material benefit or suffer a financial or other material loss as a result of my position on the Expert Advisory Group?*
- *Would my or my employer's reputation or that of a relative, friend or associate stand to be enhanced or damaged because of my position, decisions or actions*

Resume attached? (note this is a requirement)

Please submit your application form to mhwsystemdesign@health.vic.gov.au by midnight, 6 November 2024. Shortlisted applicants will be contacted for further information. If you have any questions, please contact mhwsystemdesign@health.vic.gov.au.

The Department of Health (the department) is committed to protecting your privacy.

The department collects and handles personal information provided in this application to assist in the recruitment and selection of Expert Advisory Group members. Your personal information will be used internally by the department for this purpose and will not be shared externally. If you do not provide us with the information requested in this form, we will not be able to process your application.

The department handles all personal information in accordance with the requirements of the Data Protection Act 2014 (Vic). You may access and correct your personal information that you provide to the department. To do so, please contact mhwsystemdesign@health.vic.gov.au or the department's Privacy Unit on privacy@health.vic.gov.au or 1300 024 759.

To receive this document in another format, phone 03 9456 3223, using the National Relay Service 13 36 77 if required, or [email the Community Redesign Team](mailto:mhwsystemdesign@health.vic.gov.au) <mhwsystemdesign@health.vic.gov.au>.

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