

REQUEST FOR MENTAL HEALTH CONSUMER REPRESENTATION

Service and Activity Information

REQUEST DATE		NAME OF SERVICE	
REGION		REQUESTED BY (NAME)	
PHONE NUMBER		EMAIL	

A FUNDING SOURCE FOR THIS REQUEST MUST BE APPROVED BY YOUR SERVICE'S MANAGER	
ESTIMATE NUMBER OF HOURS - (\$42 + 30% COORDINATION FEE + GST) PER HOUR	_____ HOURS
OTHER REIMBURSEMENT OFFER (please specify)	
NAME OF MANAGER MAKING THIS APPROVAL	

Role Details

ACTIVITY, PROJECT, PANEL OR COMMITTEE NAME	
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BRIEF DESCRIPTION OF ACTIVITY

WHY IS CONSUMER REPRESENTATION BEING REQUESTED? WHAT IS THE INTENDED PURPOSE OF LIVED EXPERIENCE REPRESENTATION, AND HOW WILL THIS INVOLVEMENT INFLUENCE OUTCOMES FOR THE SERVICE AND CONSUMERS?
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Date/Timeframe of Activity

ONE-OFF PLACEMENT

DAY & DATE		START TIME		FINISH TIME	
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ONGOING PLACEMENT

MEETING DAY		START DATE / TIME		FINISH DATE / TIME	
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INDICATE WEEKLY / MONTHLY / QUARTELY. PROVIDE APPROX. TIME FRAME IF NOT YET KNOWN

APPROX. No of HOURS REQUIRED (including meeting & preparation time)	
LOCATION & ADDRESS of MEETING / ACTIVITY	

Name & Contact Details of Placement Support Person

NAME		PHONE	
EMAIL			

DOES THIS ACTIVITY RELATE TO REPRESENTATION ON A COMMITTEE? IF YES, PLEASE ATTACH A COPY OF THE TERMS OF REFERENCE AND OTHER RELEVANT DOCUMENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES THIS ACTIVITY RELATE TO REPRESENTATION ON A SELECTION PANEL? IF YES, PLEASE ATTACH RELEVANT DOCUMENTS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL THIS ACTIVITY BE LIKELY TO MAKE THE REPRESENTATIVE PRIVY TO INFORMATION THAT MAY CAUSE STRESS (eg serious incident review findings)	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, WILL SUPPORT BE PROVIDED AND HOW WILL IT WORK? (eg debrief after meeting, follow-up calls, notify MHLET)

PLEASE IDENTIFY ANY ISSUES REGARDING CONFIDENTIALITY OR SENSITIVE DATA ASSOCIATED WITH THE ACTIVITY.

HOW WILL THE REPRESENTATIVE RECEIVE ASSOCIATED DOCUMENTS / PAPERS?

Email Post Other (please specify):

IS VIDEO CONFERENCING AVAILABLE AS AN OPTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS TELEPHONE CONFERENCING AVAILABLE AS AN OPTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOW WILL THE REPRESENTATIVE BE NOTIFIED OF MEETING TIME OR DATE CHANGES? (keeping in mind that Representatives may not have access to outlook calendars)	<input type="checkbox"/> Email <input type="checkbox"/> Mobile / Phone
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Perspective, Skills & Experience Required

Consumer Representative

A person with a lived experience of mental illness providing advice and input based on their own unique, individual experience.

Broad Consumer Representative

A consumer representative providing a broad perspective of the lived experience, based on consultation with a range of people with a lived experience of mental illness.

Please Identify Areas of Skill and/or Experience Required

EXAMPLES INCLUDE AREAS OF LIVED EXPERIENCE REQUIRED, SKILLS OR KNOWLEDGE REQUIRED, AND TRAINING OR BRIEFING REQUIRED.

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PLACEMENT No.			
NAME OF CONSUMER REPRESENTATIVE APPOINTED		DATE	