

## Participant Engagement Application Form

Date:			
Name:			
Preferred Name:			
Pronouns:			
Address:			
Suburb:		Postcode:	
Phone:		Email:	
<b>Are you? (Please tick all that apply)</b>			
<input type="checkbox"/> Current client <input type="checkbox"/> Past client <input type="checkbox"/> Someone with lived experience <input type="checkbox"/> A carer of a client <input type="checkbox"/> A carer of someone with mental illness <input type="checkbox"/> A carer with their own mental illness <input type="checkbox"/> Other (elaborate below)			
<b>Communication preference:</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> SMS <input type="checkbox"/> Post
<b>Do you require an interpreter service:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language:</b>	
<b>Nominator</b>			
<b>Name:</b>		<b>Contact details: email/phone)</b>	
<b>Relationship to you:</b>			

Please note, you don't need to have experience. Most of these questions are just here to help us figure out what kind of support you might need.

Why would you like to be involved in participation opportunities at Mentis Assist?

**What skills do you have that would help in lived experience advisory?**

Sometimes we require a LE advisor at short notice, for example, for recruitment interviews or consultations.

**How available are you at short notice?**

**How comfortable are you using computers for word processing and emails? Are there any file formats you can't use?** For example, .docx.

**How comfortable are you working in online environments, such as MS Teams or Zoom?**

**Please tick all the options you believe relate to you**

- Informed of and able to represent consumers' experiences beyond that of my own
- Active connections to consumer networks and local community groups
- Well-developed communication skills including listening, providing feedback and articulating ideas and concepts
- Capacity to participate in relevant training
- Ability to name and respond to any potential conflict of interest

**Please give an example of work (voluntary or paid) you have done previously to demonstrate your knowledge and understanding of representing consumers' views.**

For example, meeting with other consumers, providing feedback or being a member of a work group, committee, advisory or support group.

**Please list the areas of mental health that interest you.**

**Please list any committees, community associations, interest groups or support groups you are involved in.**

Please provide us with any other information that may support your application:

Feel free to use this space to expand on or continue any of your answers.

**Please return completed forms to:**  
pag@mentisassist.org.au or Mentis Head Office