**Steering Committee and Sector Reference Groups**

The Western Australian Association for Mental Health (WAAMH) invites Expressions of Interest from interested people for the following:

* **Workforce Development Sector Steering Committee:**
* **NDIS Reference Group:**
* **Accreditation Reference Group:**

Each group will comprise WAAMH organisational member representatives and people with lived experience representatives, including consumers/clients, carers and/or family members. Organisational member representatives should be individuals who have authority to make comment and decisions on behalf of their organisations regarding the focus area of the Committee or Group of which they are a member (i.e. Workforce Development, NDIS or Accreditation).

Please complete the following if you would to express your interest in being involved.

|  |  |
| --- | --- |
| **NAME:** |  |
| **CONTACT PHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |

WHICH COMMITTEE/GROUP WOULD YOU LIKE TO NOMINATE FOR (PLEASE TICK. IF NOMINATING FOR MORE THAN ONE, PLEASE STATE YOUR ORDER OF PREFERANCE)?

|  |  |
| --- | --- |
| **Workforce Development Sector Steering Committee:** |  |
| **NDIS Reference Group:** |  |
| **Accreditation Reference Group:** |  |

PLEASE NOTE: This form is for people who wish to nominate either as workers or as people with lived experience. Complete page 2 if you are nominating as a person with lived experience and complete page 3 if you are nominating as a worker. Send your completed EOI to Colette Wrynn at [cwrynn@waamh.org.au](mailto:cwrynn@waamh.org.au) by Friday 11th October. Phone Colette if you require any additional information on 6246 3011

Thank you for your interest.

**IF YOU ARE NOMINATING AS A PERSON WITH LIVED EXPERIENCE:**

PLEASE COMMENT ON HOW YOU IDENTIFY (e.g. as a consumer/client, family member or carer)

|  |
| --- |
|  |
|  |

PLEASE COMMENT ON WHY YOU WOULD LIKE TO BE INVOLVED? (if you are nominating for more than one Group, please provide a response for each)

|  |
| --- |
|  |
|  |

WHAT ISSUES HAVE YOU, OR YOUR LOVED ONE FACED THAT IS RELEVANT TO THE COMMITTEE/GROUP FOR WHICH YOU ARE NOMINATING? (if you are nominating for more than one Group, please provide a response for each)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

ANYTHING ELSE YOU WOULD LIKE TO ADD?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**IF YOU ARE NOMINATING AS A WORKER:**

IS YOUR ORGANISATION A MEMBER OF WAAMH?

|  |
| --- |
|  |

WHAT IS YOUR JOB ROLE?

|  |
| --- |
|  |

IN WHAT REGION ARE YOU BASED?

|  |
| --- |
|  |

PLEASE COMMENT ON HOW YOU MEET THE CRITERIA FOR THIS COMMITTEE/GROUP: (if you are nominating for more than one Committee/Group, please provide a response for each)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

PLEASE COMMENT ON WHAT YOU THINK ARE THE KEY ISSUES THE SECTOR ARE FACING THAT ARE RELEVENT TO THE WORK OF THIS COMMITTEE/GROUP:

|  |
| --- |
|  |
|  |
|  |
|  |