# Queensland Centre for Mental Health Learning – eLearning course review

## Expression of Interest Form

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| --- | --- | --- | --- |
| **Name** |  | | |
| **Street address** |  | | |
| **Suburb** |  | | |
| **State** |  | Post Code |  |
| **Email address** |  | | |
| **Best contact number** |  | | |
| **Age group:** (please circle one) | 18- 30 / 31 – 45 / 46 – 55 / 56 – 65 / 66-75 / 75 + | | |
| **Gender:** (please circle one) | Male / Female | | |

### About your experience and interests

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| --- | --- | --- |
| **Are you able to represent the views of groups in your community?** *Please circle groups you represent. You can select more than one.* | | |
| People with disability | People from Aboriginal or Torres Strait Islander backgrounds | People who provide care or support for patients/ consumers |
| People experiencing mental illness | People from culturally and linguistically diverse backgrounds | Young people |
| Seniors | People who experience significant health disadvantage | People who have chronic conditions |
| People who support young children | Rural and regional consumers/ patients |  |

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| --- | --- |
| Do you require support to participate?  *For example: Interpreter, hearing loop, support person* |  |

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| --- |
| Please list any skills or experience you have in being a consumer representative and reviewing documents and online information?  *For example: experience with studying online, reviewing mental health training, editing. If you have no prior experience, don’t worry, we’d welcome your involvement and will provide training to help you.* |
|  |
| Please outline your experience with accessing mental health services as a consumer and/or carer? |
|  |
| Briefly outline your computer, internet and / or hand-held device experience. |
|  |

**Please return this application to:**

Olivia Spadina

Senior Engagement Officer  
West Moreton Health, PO Box 878, IPSWICH Qld 4305

or email a scanned copy to [wm.communityengagement@health.qld.gov.au](mailto:wm.communityengagement@health.qld.gov.au)

**Applications close: Friday, 16 August 2019.**

If you require assistance to complete this form or would like any further information please contact the Olivia Spadina, Senior Engagement Officer on (07) 3413 6584 or email [wm.communityengagement@health.qld.gov.au](mailto:wm.communityengagement@health.qld.gov.au)

You will be contacted shortly after the closing date about your expression of interest. Thank you for your interest in West Moreton Health.