# West Moreton Health – Ipswich Residential Rehabilitation and Withdrawal Service

## 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 + | | |
| **Preferred Gender Pronoun:** (please circle) | She/Her He/Him They/Them Non-binary Other  Prefer not to say | | |

### 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 | LGBTQI+ Community |

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

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| --- |
| Please outline your experience and frequency of using alcohol and other drug services as a consumer or carer? |
|  |
| Tell us how your experience accessing alcohol and other drug services, as a consumer or carer, can help inform the design of the new Ipswich Residential Rehabilitation and Withdrawal Service? |
|  |
| Please list any skills or experience you have in being a consumer representative and/or committee member **for this specific project**. This could include your experience in being part of other advisory groups (community or organizational), involvement in focus groups, peer networks or as a member of a a club e.g. school P&Cs, sporting clubs etc.  *Note: Successful applicants without prior experience will be given training.* |
|  |

**Please return this application to:**

Trisha Hansen

Senior Engagement Officer

Either email a scanned copy of this form to [wm.communityengagement@health.qld.gov.au](mailto:wm.communityengagement@health.qld.gov.au)

**Applications close at 5pm, Sunday 31 March 2024.**

For help completing this form or for more information, contact Trisha Hansen by email at [wm.communityengagement@health.qld.gov.au](mailto:wm.communityengagement@health.qld.gov.au) or by phone on 0429 595 304.  
  
You will be contacted shortly about your expression of interest. Thank you for your interest in West Moreton Health.