# West Moreton Health – Ipswich Residential Rehabilitation and Withdrawal Service

## Expression of Interest Form

|  |  |
| --- | --- |
| **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 OtherPrefer not to say |

### About your experience and interests

|  |
| --- |
| **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 |

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

|  |
| --- |
| 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

**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 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.