

**COMMITTEE NOMINATION FORM**

***If you are nominating for more than one committee, please complete a separate nomination form for each committee you are nominating for.***

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| --- | --- |
| Name of Nominee: |  |
| Committee: |  |
| Order of preference if nominating for more than one committee: | E.g. 1st preference / 2nd preference |

I wish to nominate as a candidate for the role of Mental Health Consumer Representative and agree to the following terms and conditions if appointed to the position:

1. I will actively, effectively and respectfully participate in the Consumer Representative Program in a way that preserves the Network’s reputation.
2. I will report on my representation activities at Consumer Representative Forums coordinated by the Network, including providing written feedback for other consumers after each meeting.
3. I agree to sign a confidentiality agreement for the committee.
4. I give permission for Network staff to contact me about consumer representation and associated events.
5. I understand that my participation is voluntary, and that I can withdraw from participating in this program at any time by notifying the Network in writing.
6. I have read and understand my responsibilities in respect to the Network’s Code of Conduct, Values and Guiding Principles, and understand that any breach in these responsibilities may lead to disciplinary action including but not limited to removal from Consumer Representative positions.
7. I give permission for the Network to publish my name as a Consumer Representative in official publications and reports.
8. I also understand that the Network will keep all other details regarding my personal contact information and lived experience confidential, unless I give permission in writing for this information to be shared.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree and understand that by printing my name as my signature, this will be valid and accepted as my agreement to the above terms and conditions.

**Have you undertaken Consumer Representation Training or similar?**

**Yes**

**Delivered by:**

ACT Mental Health Consumer Network

NSW Institute of Psychiatry

Health Care Consumers Association of the ACT (HCCA)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No, but I am willing to undertake this training**

**No, and I am unwilling or unable to undertake this training**

**Please answer all the questions below. Each response should relate to the committee you are nominating for and be no more than 150 words.**

**Why do you want to be on this committee?** Maximum 150 words.

**Tell us about any experience you have that relates to this committee.** Maximum 150 words.

**Tell us about anything else that could strengthen your nomination for this committee compared to other potential nominees.** Maximum 150 words.

***You can attach an extra page if you are writing by hand.***