**Expression of Interest: Lived Experience/Carer Representative- Northern Sydney Regional Suicide Prevention Working Group**

**Northern Sydney Regional Suicide Prevention Working Group**

**Expression of Interest FORM**

Full name: ……………………………………………………………………………………..

Phone: …………………………………………………………………………..………………

Email address: ……………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………….

Suburb: …………………………………………………………………………………………………………………………………

Postcode: ………………………

Representing:

* Lived experience
* Lived carer experience

**Why does becoming a member of the Working Group interest you?**

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**What do you hope to gain from serving in this role?**

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**Please describe your background, including experience, qualifications, skills, and areas of special interest that would be relevant as a member of the Working Group. Please note, you do not detail explicit or private mental health information.**

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**If applicable, please tell us about any other local, state-based, or national mental health, suicide prevention or alcohol & other drugs organisations or initiatives that you have been, or are currently involved with:**

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**Do you have any concerns or considerations that you feel the Working Group should be aware of?**

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**Are you available to attend regular meetings of the Northern Sydney Regional Suicide Prevention Working Group (typically held monthly)?**

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**Are you available to attend occasional events or training sessions related to suicide prevention or mental health?**

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**Do you have any other commitments or obligations that may impact your availability to serve in this role?**

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**Declaration**

I declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that my appointment as a lived experience representative is subject to confirmation by the Northern Sydney Regional Suicide Prevention Working Group.

**Signed**: …………………………………………………………… **Date**: ………/…………/……….

Thank you for completing this Expression of Interest form. We appreciate your interest in serving as a lived experience representative for the Northern Sydney Regional Suicide Prevention Working Group.

**Please email completed form to Tai Luani, Suicide Prevention Lead at Northern Sydney Primary Health Network at** [**tluani@snhn.org.au**](mailto:tluani@snhn.org.au)**.**