**headspace Castle Hill & Parramatta Family and Carer Representative**

**Expression of Interest Form**

The headspace Family and Carer Representative will be made up of up to 2-3 members who all have a lived experience of supporting a young person through headspace services. The aim of the headspace Family and Carer Representative is to advocate for the role, contribution and needs of families and carers across all headspace programs and services. Please complete an expression of interest to participate on the Family and Carer Representative by answering the questions below.

**Date:**

**Name:**

**Email:**

**Phone:**

**DOB:**

**Basic Details**

**Questions**

1. Do you have a family member or young person you care for recently (within past 12-month period) or currently accessing headspace services? Yes No

*You are not required to disclose the young person’s details*

1. Does your family member and or the young person you care for accessing headspace services identify as LGBTIQ+ CALD, ATSI and or has a disability? Yes No

*To support your nomination as our Representative requires and promotes diversity and inclusion*

1. *Are you a parent or carer?* Yes No
2. Please tell us about yourself and why would you like to be a Family and Carer Representative?

                                                                                                                                                                                                                                                                                             

1. What skills and ideas could you bring to the Family and Carer Representative?

                                                                                                                                                                                                                  

1. What do you hope to gain from being a representative?

                                                                                                                                                                                                                                                                                                                                                                        

Please note that:

* You will be asked to sign and agree to the Terms of Reference for our Family and and Carer Representative.
* Regular attendance and participation will be required to maintain current membership as a representative with membership limited usually 18-month term (as negotiated).
* Attend bi-monthly consortium meetings.
* Meeting details and reminders will be sent through emails.
* Meetings will be bound by confidentiality requirements and expectations with the exception of course to publicly available information.
* This is a voluntary reference group with no financial compensation provided.
* Access to service information, marketing and promotion materials will be provided to all representatives.
* For further information please email headspace at [serena.nian@flourishaustralia.org.au](mailto:serena.nian@flourishaustralia.org.au)

**Please email this form to** [serena.nian@flourishaustralia.org.au](mailto:serena.nian@flourishaustralia.org.au) **when complete.**