

WESTERN NSW LOCAL HEALTH DISTRICT MENTAL HEALTH DRUG AND ALCOHOL  
**EXPRESSION OF INTEREST**  
**LIVED EXPERIENCE REGISTER**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I live in suburb/ town: \_\_\_\_\_

Email: \_\_\_\_\_

The information you provide below will be used to make sure we have representation from all groups who use or have used our service.

**I am/ have been** (tick all that apply):

A person living with a mental illness

A person with an experience of drug or alcohol addiction

A family member or friend supporting someone living with a mental illness

A family member or friend supporting someone with a drug or alcohol addiction

**I am interested in or could provide feedback in the following areas:**

Mental Health and Wellbeing

Child and Adolescent Mental Health

Mental Health Services in the Community

Drug and Alcohol Services

Inpatient Mental Health Care

Eating Disorders

Prevention and Early Intervention

Older Persons' Mental Health

Aboriginal Services

Culturally Diverse Services

Women and Babies (Perinatal)

**I am currently involved in mental health groups, community groups or networks:**

**Optional Information:**

- Are you of Aboriginal and/or Torres Strait Islander origin?
  - No
  - Yes, Aboriginal
  - Yes, Torres Strait Islander
  - Yes, Aboriginal and Torres Strait Islander
- Do you provide support to someone with an experience of mental illness or drug or alcohol dependence?
  - Yes
  - No
- In which country were you born?
  - Australia
  - Other \_\_\_\_\_
- Do you identify as LGBTIQ?
  - Yes
  - No
- Age
  - Under 18
  - 18 – 65
  - Over 65

Please return this form to:

Jennifer Coote

District Consumer and Carer Coordinator

Mental Health Drug and Alcohol

[Jennifer.coote@health.nsw.gov.au](mailto:Jennifer.coote@health.nsw.gov.au)

Or by mail to 41 Bultje St, Dubbo 2830



**Health**  
Western NSW  
Local Health District