

Consumer Carer Advisory Group

Mental Health Division

What is the Consumer Carer Advisory Group (CCAG)?

CCAG is an advisory group made up of consumers and carers with lived experience of accessing mental health services, or supporting a loved one who has.

The purpose of CCAG is to ensure the voices of Northern Health consumers and carers are heard and their views are incorporated into our service improvement. Members will use their lived experience to influence positive changes across Northern Health's mental health division.

There are a variety of opportunities for co-design and co-produced service development initiatives through our CCAG committee.

Meetings are held once a month and run for two hours.

The tenure period for members is two years, unless otherwise negotiated.

Becoming a CCAG Member

Have you experienced a mental illness or do you support a loved one who has?

Do you have an interest in using your lived experience to contribute to the improvement of Mental Health Services across Northern Health?

If yes, becoming a member of CCAG may be of interest to you.

Further Information on Becoming a CCAG Member

To register your interest, please complete this Expression of Interest form and pass it to any member of staff at your service or get in touch via the contact details below.

Once it has been received we will contact you by phone or email to discuss the role and the recruitment process.

All members are paid a sitting fee of \$30 per hour for their time as well as \$10 travel/data allowance. Some research and reading may be required prior to meetings.

Please get in contact if you have any further questions via email to Christopher.ferguson@nh.org.au or mobile 0428 081 989

EXPRESSION OF INTEREST FORM

Consumer Carer Advisory Group

Name:	
Address:	
Phone:	
Email:	
Why are you interested in being on CCAG?	
What qualities/skills/experience do you think you can bring to CCAG?	
Have you or are you currently, on any Mental Health committees? If yes, please provide details:	
Can you commit to attending the monthly committee meetings?	
<input type="checkbox"/> YES	<input type="checkbox"/> No
How did you hear about CCAG?	
If successful, would you prefer to be contacted by phone or email?	
<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Name	
Signature	
Date	

Please note: Any information you provide in this Registration Form will be kept strictly confidential and will be stored in a secure file. Your personal information will only be used for the purposes of contacting you with information and opportunities to be involved.