Child and Youth Mental Health Service

Parent Carer Advisory Group

Expression of Interest

* Are you a parent or carer of a child or young person who has attended Child and Youth Mental Health Service (CYMHS) in Brisbane?
* Are you interested in sharing your experiences and connecting with like-minded parents and carers to help improve CYMHS services?

**Then our CYMHS Parent Carer Advisory Group (PCAG) may be for you!**

The PCAG is a group of parents and carers of a child or young person who has attended CYMHS in Brisbane. The group meets to share their experiences of CYMHS, both positive and negative, to make a real difference. Opportunities for engagement include reviewing resources, providing feedback on projects and sharing lived experiences at staff training, which helps to improve our service.

When: Every second month on a Monday

Time: 10:30am to 12:00pm via Microsoft Teams

If you are interested, please complete the form below and return it to [CHQ-CYMHS-CCP@health.qld.gov.au](mailto:CHQ-CYMHS-CCP@health.qld.gov.au)

Please include:

* What CYMHS services your child or young person have used
* Why you are interested in finding out more about the PCAG.

Information about you:

**Are you a**   Patient  Parent  Carer  Relative  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender** *(optional)*  Female  Male  Non-binary or gender fluid  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you of Aboriginal or Torres Strait Islander origin?** *(optional)*

Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Aboriginal and Torres Strait Islander  No

**Is English your first language?** *(optional)*  Yes  No

If no, please provide details:

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**Do you identify as a member of a cultural or ethnic group?** *(optional)*  Yes  No

If yes, please provide details:

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**Do you have a disability?** (*optional)*  Yes  No

If yes, please provide details:

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Are you currently employed by CHQ, or another Hospital and Health Service?

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Please list services you or your child/children have used, continue to use or may use in future at CHQ.

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Please list any other background or experience you have (e.g. committee member, advisory group, other).

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How do you think you can make a difference by being involved?

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Do you have a specific area of interest?

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