

Expression of Interest: Perinatal Mental Health Screening Expert Advisory Group

Application Form

OFFICIAL

Your Information

Please note the expression of interest is open to the following (**please check as applies**):

- Koorie Maternity and/or Aboriginal Maternal Child Health clinician and/or service manager
- Maternity service managers
- Organisation or expert group representative (please state if different to below):
- Maternal Child Health Nurse
- Perinatal Emotional Health Program service lead
- Academic
- Clinical psychiatrist/psychologist
- Maternity consumer representative
- Maternal Child Health consumer representative

Please ensure that you have obtained support from your manager or coordinator prior to submitting your application (if applicable).

Name:		
Email:		
Phone:		
Organisation:		
Role:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> I am currently not working
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Are there any other panels or boards that you are a member of?		

1. Please broadly tell us about yourself, highlighting your work experience and achievements.

2. Please provide specific details of any additional qualifications, experience or knowledge regarding perinatal mental health (also where possible with reference to Aboriginal communities, LGBTIQ+, disability and multicultural communities).

3. Please provide specific details of professional knowledge and experience you have with regard to screening approaches either in perinatal mental health or other fields.

4. Please provide specific details of any professional knowledge and experience you have regarding system improvement in the field of perinatal mental health.

5. Please provide details about any real or perceived conflict of interest you may have in undertaking responsibilities for the Expert Advisory Group – Perinatal Mental Health Screening.

State the specific personal interest identified (for example, relationship with employee, friend or family; financial interest; conflict of duty) and detail how this raises an actual potential or perceived conflict of interest with the employee's public duties.

In answering this question it may be helpful to consider the following points:

- Is there a realistic expectation that I will, directly or indirectly, gain a financial or other material benefit or suffer a financial or other material loss as a result of perinatal mental health screening?*
- Is there a realistic expectation that someone in a personal or business relationship with me will, directly or indirectly, gain a financial or other material benefit or suffer a financial or other material loss as a result of perinatal mental health screening?*
- Would my or my employer's reputation or that of a relative, friend or associate stand to be enhanced or damaged because of my position, decisions or actions?*

Resume attached

Please submit your Expression of Interest Application Form to maternity@health.vic.gov.au by **midnight Friday 19 April 2024**. Shortlisted applicants will be contacted for further information.

If you have any questions please contact maternity@health.vic.gov.au.

The Department of Health (the department) is committed to protecting your privacy.

The department collects and handles personal information provided in this application to assist in the recruitment and selection of Expert Advisory Group members. Your personal information will be used internally by the department for this purpose and will not be shared externally. If you do not provide us with the information requested in this form, we will not be able to process your application.

The department handles all personal information in accordance with the requirements of the Data Protection Act 2014 (Vic). You may access and correct your personal information that you provide to the department. To do so, please contact maternity@health.vic.gov.au or the department's Privacy Unit on privacy@health.vic.gov.au or 1300 024 759.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on <https://www.health.vic.gov.au/department-of-health-privacy-policy>.

To receive this document in another format, phone +61 3 8633 4830, using the National Relay Service 13 36 77 if required, or [email](mailto:maternity@health.vic.gov.au) <maternity@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.