

## **Consumer Advisory Group**

**Do you inject drugs?**

**Have you accessed Peer Based Harm Reductions services?**

**We want you to help us improve what we do!**

**Join our group today!**

Peer Based Harm Reduction is committed to creating an inclusive society where all voices are heard, and where all people are treated with dignity and have equitable opportunities. To achieve this mission, we want to form a consumer advisory group to ensure that people who inject drugs have a voice in influencing the way we work, and an opportunity to help improve Alcohol & Other Drug Services in WA.

**Want to join?**

We are seeking applications from people who inject drugs or have used our services.

During the planning & implementation phase we will hold regular meetings fortnightly, and once established meetings will be held every 2 months. There will be an option to attend meetings in person at our office in Perth or virtually.

Members will receive a \$50 cash re-imbusement after attending and participating in each meeting, and members will be expected to attend at least half of all meetings.

No experience necessary, we will provide support and training throughout the process.

Complete an application form today!

**What you will do:**

- Provide feedback on how to improve health & community services
- Advocate for the rights, health and wellbeing of people who inject drugs
- Raise awareness about issues relating to injecting drug use
- Participate in organising and attending community events
- Promote awareness and support for Harm Reduction services

**Complete an application form today!**



## Consumer Advisory Group Application

Please complete this form to the best of your ability, drop it off or email it to the address below. If you have any questions or need any help, please contact us below. All applications will be reviewed by PBHR WA staff and if your application progresses you will be contacted to arrange an interview. The information you provide is confidential and will be stored securely. Only authorized staff will have access to your information.

**Phone:** 9325 8387 **Email:** [community.development@harmreductionwa.org](mailto:community.development@harmreductionwa.org)

**Locations:** 22/7 Aberdeen St, Perth | 97 Spencer Street, Bunbury

<b>Name:</b>		<b>Contact Number:</b>	
<b>Email Address:</b>		<b>Date of Birth:</b>	
<b>Gender:</b>		<b>Pronouns:</b>	
<b>Address:</b>			
<b>Please outline lived experience of injecting drug use &amp; drug/s of choice:</b>			
<b>Which of the below services have you accessed at Peer Based Harm Reduction? (Please tick)</b>			
<b>Needle &amp; Syringe Exchange</b>	<input type="checkbox"/>	<b>Postal Service</b>	<input type="checkbox"/>
		<b>Outreach/ Home Delivery</b>	<input type="checkbox"/>
		<b>Health Clinic/ Testing &amp; Treatment</b>	<input type="checkbox"/>
<b>To ensure our CAG is reflective of the diversity within the AOD community, please include if you identify with any of the following populations (please tick any that apply).</b>			
<b>Aboriginal or Torres Strait Islander</b>	<input type="checkbox"/>	<b>LGBTQI+</b>	<input type="checkbox"/>
		<b>Culturally &amp; Linguistically Diverse</b>	<input type="checkbox"/>
<b>Have you ever experienced any of the below? (Please tick)</b>			
<b>Family &amp; Domestic Violence</b>	<input type="checkbox"/>	<b>Physical Health Issues/ Disability</b>	<input type="checkbox"/>
		<b>Mental Health Issues</b>	<input type="checkbox"/>
<b>Imprisonment</b>	<input type="checkbox"/>	<b>Blood Borne Viruses (Hepatitis/ HIV)</b>	<input type="checkbox"/>
<b>What is your current living situation? (Please tick)</b>			
<b>Rough Sleeper/ Homeless</b>	<input type="checkbox"/>	<b>Supported Accommodation</b>	<input type="checkbox"/>
		<b>Rural/ Southwest</b>	<input type="checkbox"/>
<b>Secure Housing/ Unemployed</b>	<input type="checkbox"/>	<b>Secure Housing/ Employed</b>	<input type="checkbox"/>
<b>Why do you want to join the group? Please include any further information you would like to provide:</b>			