



NSW Consumer Advisory Group – Mental Health Inc
ABN 82 549 537 349

GF103 Membership Application

Name

Address
Postcode

Phone (day)	Phone (evening)	Mobile
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Email

Preferred contact method	<input type="checkbox"/> Post	<input type="checkbox"/> E-mail
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Date of Birth

Please outline your interest in NSW CAG:

Please list any current or past memberships or other Board service:

In seeking to become a member of NSW CAG, are there any specific skills you can offer the organisation or areas of particular interest?

- Commitment to NSW CAG's purpose, vision, values and objectives
- Consumer participation
- Individual or systemic advocacy
- Mental health
- Other

Would you be interested in becoming a Member of NSW CAG's Board in the future?

- Yes No Maybe/unsure



Information for our records:

I am a: Consumer Carer/Family Consumer Worker

Definitions: Consumers are people who have experienced mental and/or emotional distress and who have received or been refused mental health services.

Carers are family members or close friends who accept primary responsibility for the non-professional care of a person with mental illness.

Consumer workers are people working in mental health in roles specifically for people with a mental illness.

I identify as Aboriginal or Torres Strait Islander: Yes No

Is English your first language? Yes No

If no, what is your first language?

I confirm that I (please tick):

Am over the age of 18

Am a resident of NSW

Signature: _____

Date: _____

All applications for membership are reviewed by the NSW CAG Board of Trustees which meets every 2 months. The Board of Trustees will consider each application and approve or decline each application at its discretion.

All applicants will be notified of the outcome of their application in writing.

Please note that to comply with legislation, NSW CAG maintains a database of approved memberships. This contains your name address and is kept confidential. Only authorised NSW CAG staff has access to this information.

Copies of NSW CAG's Privacy and Complaints Policies can be found at www.nswcag.org.au

Completion by NSW CAG:

Date Application received: _____

Application: Approved: Declined:

Secretary, Board of Trustees: _____ Date: _____

Applicant notified of outcome:

AO/ESO: _____ Date: _____