

MEMBER APPLICATION FORM

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|----------------|---|---------------------------------|---|
| FIRST NAME | | LAST NAME | |
| PREFERRED NAME | | | |
| DATE OF BIRTH | <input type="checkbox"/> Rather not say | | |
| GENDER | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary <input type="checkbox"/> Rather not say |

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|-------------------|--------------------------------|--------------------------------|-------------------------------------|--------------------------------------|
| REGION | <input type="checkbox"/> South | <input type="checkbox"/> North | <input type="checkbox"/> North West | <input type="checkbox"/> Other _____ |
| POSTAL ADDRESS | | | POST CODE | |
| MOBILE / PHONE No | | | | |
| EMAIL | | | | |
| PREFERRED CONTACT | <input type="checkbox"/> Email | <input type="checkbox"/> Text | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Post |

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|--|--|------------------------------|-----------------------------|
| IS THERE SOMEONE YOU WOULD YOU LIKE TO NOMINATE AS AN EMERGENCY CONTACT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EMERGENCY CONTACT NAME | | MOBILE | |

| | | |
|---|------------------------------|-----------------------------|
| LIST ANY SPECIFIC NEEDS WE SHOULD BE AWARE OF eg disability access, hearing/vision loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IF YES PLEASE SPECIFY | | |

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|---|------------------------------|-----------------------------|-----------------------|--|
| ARE YOU A MEMBER OF THE TASMANIAN ABORIGINAL COMMUNITY? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| IS ENGLISH YOUR FIRST LANGUAGE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | IF NO PLEASE INDICATE | |

| | | | |
|---|--------------------------------------|---------------------------------------|--|
| HOW DID YOU HEAR ABOUT MENTAL HEALTH LIVED EXPERIENCE TASMANIA (MHLET)? | | | |
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> MHLET Member | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Service Provider / Community | <input type="checkbox"/> Other _____ | | |

All MHLET Members have a personal lived experience of mental illness. Please feel free to share some details of your own lived experience below. You don't have to share anything if you don't want to. I'd rather not share

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WHY BECOME A MHLET MEMBER?

If you are a mental health consumer over the age of 16, you can join MHLET. JOINING IS FREE.

Member of MHLET can take part in all MHLET activities. These include:

- Regular social catch ups (both face to face and online),
- Sharing your lived experience story (and reading those of others) on our website,
- Regular email updates from the CEO on MHLET and its activities,
- Opportunities to get involved at MHLET including volunteering and MHLET Local Action Groups,
- Training Opportunities in Mental Health Consumer Leadership, Consumer Representation and more, and
- Voting rights at MHLET’s Annual General Meetings.

CODE OF CONDUCT

Please **read and sign** the Code of Conduct to acknowledge that you understand it. **This is a requirement for membership of MHLET.**

This policy sets out guidelines for working relationships and behaviour of MHLET members. This applies to all employees, students, volunteers and Board members.

All people involved in MHLET must sign and abide by the Code of Conduct.

MHLET expects a high standard of behaviour and professionalism from MHLET members and participants at all times.

Where members are in breach of the Code of Conduct disciplinary action may occur. If the behaviour continues, the person may not be able to continue participating in MHLET activities.

The following principles form the Code of Conduct.

- Operate in a professional manner, adhering to relevant professional and organisation codes of ethics, and working with respect, fairness and integrity at all times,
- MHLET policies are to be followed, such as Workplace Health and Safety, Anti-Discrimination, Privacy and Confidentiality, and Bullying and Harassment,
- Members are to be respectful of colleagues and work to resolve conflict directly, in a safe and respectful manner, with an intent to improve interpersonal relationships,
- Where conflict is not directly resolvable between two parties appropriate policies should be applied,
- Participants and members are to conduct themselves professionally with stakeholders at all times, and not act in a manner that could bring the name of MHLET into disrepute,
- Participants and members are to abide by the MHLET media and social media guidelines, ensuring they do not publicly represent a view as being held by MHLET unless they have been specifically authorised by the CEO to do so, and
- Participants and members are to show due care when using all assets and property belonging to MHLET.

| BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTAND THE MHLET CODE OF CONDUCT | | | | |
|---|--|-----------|--|------|
| NAME | | SIGNATURE | | DATE |

Please email your completed MHLET membership application form to membership@mhlet.org.au OR post it to PO Box 109 Sandy Bay PO, SANDY BAY TAS 7006