

Membership form

Statewide Mental Health Lived Experience Register

Your details

Date: _____ **Phone:** _____

Name: _____ **I live in (suburb/town):** _____

Email: _____

I consent to being contacted by (please tick):

- Email SMS/text Phone
 Other: (please specify) _____

Please note: Any information you provide in this Membership Form will be kept strictly confidential and will be stored in a secure file. Your personal information will only be used for the purposes of contacting you with information and opportunities to be involved in the Register and will not be distributed to third parties, except where required by law. You can request our privacy policy by emailing Health.StatewideLivedExperienceRegister@sa.gov.au

I would like to be on the Register to (tick as many as are relevant to you):

- Be informed Provide feedback
 Attend consultations Become a lived experience representative

I am/have been:

- A person living with mental illness
 A family member or friend supporting someone living with mental illness
 Both

Your interests

I am interested in the following areas of mental health:

Please choose as many as you like from the list below. If your interest is not listed, please add it in the 'Other' section over the page.

Mental health and wellbeing:

- Children Men Older people
 Whole of community Women Young people

Mental health in population groups:

- Aboriginal Culturally diverse Disability
 New arrivals LGBTIQ+ Veterans

Mental health services (including feedback and development):

- Child and Adolescent Mental Health Community Mental Health
 Community Rehabilitation Centres Eating Disorders
 Emergency Care Forensics
 Inpatient (Hospital) Intermediate Care
 Non-government Organisations (NGOs) Prevention and Early Intervention
 Standards and Policy Women and Babies (Perinatal)

Mental health topics:

- Drug and alcohol Recovery Suicide prevention Trauma
 Other - I am interested in other areas of mental health (please specify):

I am currently involved in mental health groups or networks:

- Yes (please provide details below) No

I am currently employed as a lived experience worker:

(Consumer or Carer consultant, Peer Worker or Peer Specialist)

- Yes No

**Please return this form by post or email to:
Statewide Mental Health Lived Experience Register
SA Health, PO Box 287, Rundle Mall, ADELAIDE SA 5000**

Health.StatewideLivedExperienceRegister@sa.gov.au