

	<h2>APPLICATION FOR MEMBERSHIP</h2>		
Forms – Type: OP	Authorised by: CEO/Senior Manager – Date: 13 / 3 / 2019	Version No. 4	Status: Final

A. PLEASE COMPLETE PARTS 1, 2 & 3; and

B. RETURN PAGE 2 ONLY to members@flourishtas.org.au; or PO Box 4836, Bathurst St. PO, Hobart 7000]

General Information

A registered member must identify as a mental health consumer. That is, a person who identifies as having a lived-experience of mental illness.

There is no registration fee or cost. All membership information will be kept in a confidential file. When you have become a registered member you will be advised and issued with a membership number.

Members will receive regular information memos, and from time to time be invited to have formal input into decision-making processes. As a registered member you will be entitled to vote to elect a member from your FLAG (Flourish Local Action Group) onto the Flourish Board of Governance. You also have the right to vote at the AGM and special board meetings vote at Annual and Special General Meetings.

Please read and sign this **Code of Conduct**. This is a requirement for membership of Flourish.

This policy sets out guidelines for working relationships and behaviour of Flourish participants. This applies to all employees, students and volunteers, including Board Members.

All people involved in Flourish must sign and abide by the code of conduct.

Flourish expects a high standard of behaviour and professionalism from Flourish 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 Flourish.

The following principles form the Code of Conduct:

- *Work in a professional manner, adhering to relevant professional and organisation codes of ethics, and working with respect, fairness and integrity at all times;*
- *Flourish policies are to be followed, such as Workplace Health and Safety, Anti-Discrimination, Privacy and Confidentiality, Bullying and Harassment;*
- *Members are 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, the Resolution Policy or the Bullying and Harassment policy 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 Flourish into disrepute;*
- *Participants and members are to abide by the Flourish media and social media policies, ensuring they do not publicly represent a view as being held by Flourish 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 Flourish.*

APPLICATION FOR MEMBERSHIP

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Mail: PO Box 4836, Bathurst St. PO, Hobart TAS 7000]

PART 1 – Your Details

Your Name:	Mobile:
Telephone:	Street:
Email (preferred communication method):	Suburb/Town:
If you do not have email access, please provide your best contact method:	Your gender: (Please <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Female: <input type="checkbox"/> Male: <input type="checkbox"/> Other: <input type="checkbox"/>
Flourish members preferably have a lived experience of mental illness. Are you eligible? (Please <input checked="" type="checkbox"/> or <input type="checkbox"/> Lived-experience: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth (optional): ____ / ____ / ____
OPTIONAL INFORMATION:	
Are you of Aboriginal decent*? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other cultural background*?: _____	
Do you identify as LGBTI*?	
Any specific needs we should be aware of? (Please list/detail or contact us)	

*Flourish is welcoming individuals from a diversity of backgrounds to be able to best represent consumer issues.

PART 2 – How to get involved

1. Flourish Local Action Groups (FLAGS)

To be an active Flourish member we encourage you to join a local FLAG team. Regular FLAG involvement can lead to Consumer Representative work and training. Please also indicate which FLAG you would like to join. (Please or)

South North or North West

2. Other Activities

Which other activities would you like to participate in?

Consumer Representative Service (CRS) (or

Course in Consumer Leadership

Volunteering for Flourish (or

Not sure (or

PART 3 – Name and Signature

I understand and agree to abide by the Flourish Code of Conduct.

Your name: _____ (Please type or print write it)

Your signature: _____ Date: ____ / ____ / 20 ____

Please type your name a second time as signature if you send this back to us in an email.

<http://flourishtas.org.au/> - www.facebook.com/flourishtas - admin@flourish.org.au - 03 6223 1952