



Membership 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"/> Intersex | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> N/A | |

| | | | | | | |
|--------------------------|--------------------------------|-------------------------------------|--------------------------------|---------------------------------------|--|----------|
| Region | <input type="checkbox"/> North | <input type="checkbox"/> North West | <input type="checkbox"/> South | <input type="checkbox"/> Other: _____ | | |
| Postal Address | | | | | | |
| | | | | | | Postcode |
| Phone No. / Mobile No. | | | | | | |
| Email Address | | | | | | |
| Preferred Contact Method | <input type="checkbox"/> Email | <input type="checkbox"/> Post | <input type="checkbox"/> Text | <input type="checkbox"/> Phone Call | | |

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| Is there someone you'd like to nominate as an Emergency Contact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Contact Name | | |
| | Phone No. | |

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| Do you have any specific needs we should be aware of (e.g. disability access, vision or hearing loss)? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify: | |

| | | |
|---|------------------------------|-----------------------------|
| Are you a member of the Tasmanian Aboriginal Community? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

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| Is English your first language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, what is? | |
|---------------------------------|------------------------------|-----------------------------|-----------------|--|

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| All Flourish Members have personal lived experience of mental illness. What type of lived experience do you have (e.g. anxiety, hearing voices, PTSD, complex trauma, depression) | |
| | |

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|--|---|
| | <input type="checkbox"/> Rather not say |
|--|---|



Rather not say

Why become a Flourish member?

If you are a mental health consumer over the age of 18, you can join Flourish. Joining is free!

Members of Flourish can take part in all Flourish activities. These include:

- Regular social catch ups (both face to face and online)
- The Flourish book club
- Sharing your lived experience story (and reading those of others) on our website
- Regular email updates from the CEO on Flourish and its activities
- Opportunities to get involved at Flourish including volunteering and Flourish Local Action Groups (FLAGs)
- Training opportunities in Mental Health Consumer Leadership, Peer Work and more
- Voting rights at Flourish's Annual General Meeting

Code of Conduct

Please **read and sign** this Code of Conduct to acknowledge that you understand it. **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.

By signing below, you agree that you have read and understand the Flourish Code of Conduct.

| | | |
|-----------------|--|-------|
| Your Name: | | |
| Your Signature: | | Date: |

Please email your completed membership application form to membership@flourishtas.org.au or post it to PO Box 4836, Bathurst St. PO, Hobart TAS 7000.