

ACSO Lived Experience Advisory Panel Expression of Interest Form

NAME:

PRONOUNS (eg She/Her, They/Them, He/Him):

GENDER IDENTITY:

POSTAL ADDRESS:

E-MAIL ADDRESS:

MOBILE NUMBER:

HOME NUMBER:

DOB:

EMERGENCY NAME/CONTACT:

Preferred contact method (please tick one):

Email Phone Mail Special Format (i.e. large font, sign, Braille, etc)

Did someone help you complete this form? If yes, please provide details:

Name: _____ Phone: _____

Please tick those that are appropriate:

I have used a service provided by ACSO

Service Name: _____

I currently use a service provided by ACSO

Service Name: _____ Name of Worker: _____

I have a direct relationship with an ACSO service through another organisation

If so, please which organisation?: _____

Language and Culture:

I identify as:

Aboriginal: Yes No

Torres Strait Islander: Yes No

Aboriginal and Torres Strait Islander: Yes No

Aboriginal, not Torres Strait Islander: Yes No

What is your country of birth? _____

Cultural Identity: _____

Is English your first language? Yes No

If no, what is your first language? _____ Do you require an interpreter? Yes No

Do you identify as any of the following? (tick more than one if appropriate).

Diversity is important at ACSO, to help us understand your individual qualities and experiences please consider telling us if you belong to any of the following groups.

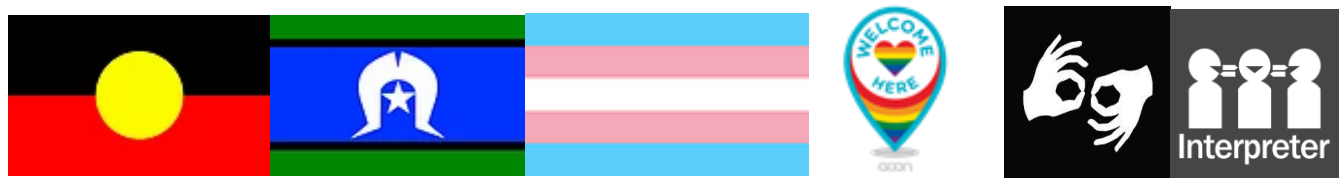
- Lesbian, Gay, bisexual or other diverse sexual orientation
 - Transgender or gender diverse
 - Intersex
 - Between the age of 18-25 years
 - Culturally Diverse
 - Living with a disability (visible or non-visible)
-

How did you find out about the LEAP (i.e. worker, flyer, from a LEAP member etc?)

Do you have any comments regarding your support needs (i.e. mobility, language, dietary, transport, childcare, translated materials, availability, etc)?

Please write a few words about why you wish to become a member of LEAP:

Please write a few words about what you feel you can bring to the LEAP:



Declaration:

I confirm that the above information is true and current and understand that this expression of interest is for a volunteer professional working group with a monthly commitment of two and a half hours. Submission of this form does not guarantee me admittance to the group.

SIGNED:

DATE:

Confidentiality Statement: All personal details obtained by ACSO will be kept confidential and will only be accessed by ACSO employees.

OFFICE USE ONLY

Approved by ACSO current LEAP members: Yes No

Signed: _____ Date: _____
Diversity and Inclusion Lead

If you have any questions, please contact the Diversity and Inclusion Lead:

Claire Noone
ACSO, 1 Hoddle Street, Richmond, 3121
0428 246 217
cnoone@acso.org.au
Inclusion@acso.org.au



Please inform staff if you need an interpreter.

Xin vui lòng thông báo cho nhân viên nếu bạn cần một thông dịch viên.
Παρακαλείστε να ενημερώσετε το προσωπικό αν χρειάζεστε διερμηνέα.
Si prega di informare il personale se avete bisogno di un interprete.