

MENTAL HEALTH REVIEW TRIBUNAL EXPRESSION OF INTEREST

In order to be considered for an appointment or reappointment to the NSW Mental Health Review Tribunal please complete the details below and submit with an up to date Curriculum Vitae (of no more than 2-3 pages) to the Registrar. For some appointments a Criminal Record Check may be required prior to appointment.

1. Full name and Title:			
2. Gender: (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	3. Date of Birth:
4. Address:			
5. Contact details:	Home:	Mobile:	Email:
6. Category of member:	<input type="checkbox"/> Australian Legal Practitioner	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other suitably qualified
7. Availability for Tribunal sittings (eg weekly, fortnightly etc) and any restrictions on this:			
8. Are you a member of any other NSW Government boards or committees? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Do you identify as belonging to one of these groups? (Please tick)	<input type="checkbox"/> Aboriginal or Torres Strait Islander	<input type="checkbox"/> Person with experience in the provision of mental health services	
	<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Person able to represent the interests of consumers of mental health services and the local community <input type="checkbox"/> Person with expertise, knowledge or experience in Aboriginal health	
10. What is your Ancestry? English, German, Australian etc			
11. Are you an employee of the NSW Government? (if yes, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. In the space below, please describe your qualifications and experience applicable to appointment at the MHRT:			

I acknowledge that I am aware of the requirements of the position and the remuneration that I am entitled to if appointed. I acknowledge that if my appointment is approved that I am obliged to undertake my duties in accordance with relevant NSW Government guidelines for members of Boards and Committees or any other code of conduct relevant to the Mental Health Review Tribunal.

Signed:		Date:	
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