Thank you for your interest in joining the Our Healthy Clarence Steering Committee. This committee helps direct and promote the Our Healthy Clarence Mental Health and Wellbeing Plan (the Plan). There is more information about what the Steering Committee does below, in the Terms of Reference. Please fill out the form below to apply for the Steering Committee. Applications will be approved when more than half of the existing Steering Committee members agree to it. Approval is based on how well you can contribute to the objectives of the Steering Committee. For more information, or help with your application, email [ourhealthyclarence@nsoa.org.au](mailto:ourhealthyclarence@nsoa.org.au) or phone the Project Coordinator on 0439 305 803.

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| --- | --- | --- | --- | --- | --- |
| Personal Details: | | | | | |
| Name: |  | Email: |  | |
|  | |  |  | |
| I am a community member | | Phone: |  | |
|  | |  |  | |
| I work for an organisation | |  |  | |
| Name of organisation: |  | Alternate Representative: |  | |
| Phone: |  | Email: | ­­­­­­­­­­­­­­­­­ | |
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| How you can help: | | | | | |
| 1. How can you help carry out or evaluate the Mental Health and Wellbeing Plan? (refer to the objectives or strategies in the Plan) | | | | | |
|  | | | | | |
| 1. What skills, experience, staff or resources do you have to help the Steering Committee? | | | | | |
|  | | | | | |
| 1. Will you agree to meet the objectives described below in the Terms of Reference? | | | | Yes  No | |