

# ADVOCACY MEMBERSHIP APPLICATION



**Thank you for deciding to become a Wellways advocacy member.**

We are passionate about advocating for an improved mental health system, and for stronger and more inclusive communities for people affected by mental health issues, as well as their families and carers. Your advocacy membership will be invaluable to this work.

Every advocacy member adds strength to our campaigns for change and boosts our influence when we meet with politicians and governments.

As an advocacy member you will have opportunities to inform and influence our advocacy, and get involved in our campaigns – as much or as little as you like.

## SECTION 1: PERSONAL INFORMATION

Name \_\_\_\_\_  
Tel (home) \_\_\_\_\_ Tel (business) \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Date of birth (this helps us to identify our members and protect your privacy) \_\_\_\_\_

## SECTION 2: PAYMENT DETAILS

I would like to apply to become an advocacy member of Wellways for 2016/17

**Concession fee \$8**     **Full fee \$20**     I would also like to make a tax-deductible donation to Wellways of \$ \_\_\_\_\_

## PRIVACY INFORMATION

Wellways respects your privacy. We will only use your personal information (including your email address) for the purpose of administering your membership and communicating with you. We will not disclose your personal information to third parties, unless you give full consent or in other circumstances where such disclosure is required or authorised by law. You may, at any time, request that your information be removed from our mailing lists or in any other form. The information contained in this form is true and correct. I agree to be bound by the constitution of Wellways Australia Limited, which is available on request.

Signature

Date

## METHOD OF PAYMENT

Cheque/money order (made payable to Wellways Australia Limited)     MasterCard     VISA

Credit card number

Expiry date

Name on card

Signature

## AUTO RENEW

Tick this box if you would like us to automatically renew your membership each year by credit card. A receipt will be sent.

**Wellways Australia**

276 Heidelberg Road Fairfield Victoria 3078 t: 1300 111 400 f: (03) 8486 4265 e: membership@wellways.org w: www.wellways.org

# OPTIONAL SURVEY

## SECTION 3: SHORT SURVEY TO ASSIST OUR ADVOCACY ACTIVITIES

From time to time, we will ask our advocacy members to share information and opinions with us, like this short survey. These surveys are always optional and we value any information you are able to share with us.

### Why are we asking these questions?

When we speak to politicians and the media about the changes needed in mental health, it is helpful to be able to describe our advocacy members and their opinions on the mental health system. So, for example, we might say that “40% of our members are family members or carers, and 80% of them think that (a particular issue) is critically important”. This gives our campaigns strength and credibility.

### What will happen to this information?

All information about our advocacy members is stored in a secure database. The information you share with us about advocacy is kept separate to other parts of our organisation, such as fundraising, and is not used for any other purpose than to inform our advocacy work. We will always respect your privacy and will never share personally identifiable information with any other person or organisation.

## 1. MORE ABOUT YOU

### The area I live in is:

- Metro/suburban
- Regional city
- Rural or remote area

### My experience with mental health services:

Note: We understand that some people fit into multiple categories. If possible, please select just one category that represents your most important experience.

- Consumer/person living with with a mental health issue
- Family member, friend or carer of someone diagnosed with a mental health issue
- Friend of person/s diagnosed with a mental health issue
- I work in the mental health sector or a related area  
(If you select this option, please tell us the main area where you work)
  - Clinical mental health services
  - Non-clinical mental health services/community-managed sector
  - Academia and/or education
  - Advocacy/policy/funding
  - Related community or clinical services (eg housing or AOD)
- Volunteer in the mental health sector
- Student planning to work in mental health in the future
- Interested member of the general public/I don't have any direct personal or professional experience with mental health

## 2. IF YOU HAVE LIVED EXPERIENCE AS A CONSUMER AND/OR AS A FAMILY MEMBER OR CARER

**Over how many years have you or your family member received mental health services?**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 10 – 20 years      |
| <input type="checkbox"/> 2 – 5 years       | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 5 – 10 years      |   |

**Thinking about the past TWO years, how satisfied are you overall with the mental health services that you or your family member have received?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely satisfied | <input type="checkbox"/> Dissatisfied           |
| <input type="checkbox"/> Satisfied           | <input type="checkbox"/> Extremely dissatisfied |
| <input type="checkbox"/> Not sure            |   |

Please tell us more:

## 3. WHAT ARE THE MOST IMPORTANT ADVOCACY ISSUES TO YOU?

**What issues do you want us to address with the mental health system?**

**Please list up to THREE that you think are the most important for our advocacy work.**

## 4. PREFERENCES FOR GETTING INVOLVED

### Please tell us your preferences for getting involved with advocacy:

Please note: opportunities to get involved will vary over time and will depend on current campaigns and needs.

- Be invited to help out in advocacy campaigns when needed by:
  - Writing/emailing my local politicians
  - Writing to newspapers
  - Commenting on social media
  - Distributing information in my local community
- Be asked to offer any skills or resources I may have that could help with advocacy campaigns
- Be invited to attend working groups to explore issues in more detail
- Lead or be involved in advocacy activities that matter in my community
- Learning more about advocacy to build my confidence to get involved
- Volunteer to assist with practical advocacy work, eg office administration
- Be invited to attend advocacy workshops held by Wellways in my community
- None, thanks

**Thank you for your commitment to making a difference.**

**We appreciate your feedback!**