



MEMBERSHIP APPLICATION

Australian Multicultural Health Collaborative

OUR CULTURES OUR LANGUAGES OUR HEALTH

Consumers

(People using health, wellbeing or social care services)

Your full name

Your email

State/Territory

Do you live in: Capital city Country town Remote Australia

Are you from a multicultural, or refugee/migrant background?

Yes No

What is your cultural background?

(For example:

Chinese, Vietnamese, Lebanese,

Italian, Pacific Islander etc...)

You may choose more than one

- 1.
- 2.
- 3.
- 4.

What languages do you speak? (other than English)

Why do you want to be a member?

Would you be interested in any of the following? (We will provide training and support)

Taking part in Collaborative working groups on topics that interest you

Yes No

Being part of the Collaborative Consumers Speakers Team
(talking to other groups about your experiences using services)

Yes No

Representing the Collaborative in national working or advisory groups

Yes No

Participating in consumer-led research activities

Yes No

Can we publish your name on a list of Members on our website?

Yes No

Please email the completed form to: admin@multiculturalhealth.org.au