**Expression of Interest Form**

**United Voices Client Reference Group**

Thank you for your interest in joining the United Voices client reference group. By completing this form, you will be placed on the ‘Expression of Interest Register’ and an ASeTTS staff member will contact you.

|  |  |
| --- | --- |
| **Full Name:**  |  |
| **Country of Birth:**  |  |
| **Visa Category:** | Australian/NZ Citizen [ ]  | Permanent resident [ ]  | Temporary visa [ ]  | Asylum seeker [ ]  |
| **Date of Birth:** |  | **Gender:**  | Male [ ]   | Female [ ]   | Other [ ]   | Prefer not to say [ ]  |
| **Address:**  |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Languages spoken:** |  |
| **Are you a member of a community organisation or association?****If yes what is the name of the organisation/association:** |  |
| **What motivated you to apply to United Voices?** |  |
| **Please list your skills and experience:** |  |
| **Have you, or do you currently, receive services from ASeTTS?****If yes, please list these services.** |  |
| **Do you have any medical issues that we should know about that may affect how you carry out this role?****If so, please provide details.**  |  |
| **Do you have a Working with Children Check and National Police Clearance?** |  |
| **Do you possess a current Australian driver’s licence?** |  |

I **consent** to be part of United Voices group photos to be shared with

* Reports,
* ASeTTS website,
* ASeTTS social media,
* Printed publications such as brochures, booklets,
* Posters, display banners,
* Advertising and other media.

 **Yes** [ ]  **No** [ ]

Name: ………………………………………… Signature: ……………………………………. Date: / /

Please email the completed form to zoe.louka@asetts.org.au

Thank you for your interest.