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| Letter of Support |

# National Register of Mental Health Consumer & Carer Representatives - Application

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| I am providing a letter of support for the applicant named below to be considered for the *National Register* program |
| Applicant’s name:  |
| Your name:  |
| Name of your organisation:  |
| Email:  | Phone/Mobile:  |
| Address: | Postcode: |
| **Potential applicants to the *National Register* program will be considered using the following criteria:*** Capacity and commitment to actively participate in the program
* Demonstrated achievements or contributions to representing mental health consumers and carers
* Knowledge of, and agreement with, principles of quality consumer or carer participation
* Capacity to represent consumer and carer issues beyond personal experience
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| **Based on your knowledge and experience of the applicant, please provide brief comments on their capacity to meet the above criteria and participate in the *National Register* program.** |

* + **The completed letter of support is to be submitted by the applicant in conjunction with their *National Register* online application form.**
	+ ****Please be aware that you may be contacted about your letter of support during the** *National Register* **program selection process.****
	+ ****For more information on the *National Register* including the application process, please visit our website:**** [**mhaustralia.org/report/national-register-mental-health-consumers-and-carers**](https://mhaustralia.org/report/national-register-mental-health-consumers-and-carers)