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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 | |
| **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)