HEAL Membership form

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| **Name** | First nameSurname |
| **Job title/Primary affiliation***If applicable* |  |
| **Email address** |  |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | [ ] Yes[ ] No[ ] Prefer not to say |
| **Location**  | [ ] Australian Capital Territory[ ] New South Wales[ ] Northern Territory[ ] Queensland[ ] South Australia[ ] Tasmania[ ] Victoria[ ] Western Australia[x] Other (please specify) |
| **Organisation** |  | Please Specify |
| [ ]  University/Research Organisation |  |
| [ ]  Aboriginal/Torres Strait Islander Community Organisation |  |
| [ ]  Government Organisation |  |
| [ ]  Community Group |  |
| [ ]  Non-Governmental Organisation (NGO) |  |
| [ ]  Private Business |  |
| [ ]  Other |  |
| **Expertise/Interest***Tick all that apply* | [ ] Indigenous Knowledge Systems[ ] Advocacy/Community[ ] At-risk Populations & Life Course Solutions[ ] Biosecurity & Emergency Infectious Diseases[ ] Bushfires, Air Pollution & Extreme Events[ ] Data & Decision Support Systems[ ] Food, Soil & Water Security[ ] Health System Resilience & Sustainability[ ] Urban Health & Built Environment[ ] Rural & Remote Health[ ] Science CommunicationOther (please specify) |
| **Membership type***(please tick)* | **HEAL Affiliate Member**[ ] I would like to actively participate as a researcher, health or environmental practitioner, policymaker, advocate, or community member to the HEAL Network. I would also like to receive all information sent by the HEAL Network, including funding and job opportunities, invitations to conferences and events, and newsletters.  |
| **Terms and conditions** | The HEAL Network is inclusive and open to researchers, policy makers, health and environmental professionals, Indigenous and other community groups, charities and businesses that meet its vision and principles. As such:* Members will engage with the HEAL Network and its investigators, support staff, and other members in a respectful manner.
* The HEAL Network will collect, manage, and safeguard your personal information in a responsible manner, and it will not sell or disclose your personal details to another party. The HEAL Network will only use your information for evaluation, research and reporting, and care will be taken to properly de-identify your information during this process;
* You will only be contacted in the manner specified in your selected membership type and you can cancel your membership to the HEAL Network at any time;
* The HEAL Network reserves the right to accept or deny membership applications, and to terminate your membership if you fail to adhere to these terms and conditions

[ ] By checking this box I state that I have read and agree to the terms and conditions  |