SIAG
SOCIAL INCLUSION ACTION GROUP

Mansfield SIAG
Community member application form

Full Name:	
Address:	
Phone number:	
Email:	
Preferred method of contact:	

What has motivated you to apply to be part pf the Mansfield SIAG

What experience or skills do you have which will be of assistance to the group? (for example, community connections, involvement in networks and groups)

Do you identify as or have personal experience with any of the following?

☐ A person with a disability

☐ Culturally and linguistically diverse

☐ LGBTIQA+

☐ Aboriginal or Torres Strait Islander

☐ Mental ill-health

☐ Addiction

☐ Social exclusion and or/isolation

☐ Discrimination