

Peer Workforce Network Membership Form

Calling all current and future members of the BEING Peer Workforce Network

The BEING Peer Workforce Network is a cross-sector network for people in designated paid lived experience (consumer) peer worker roles, to come together in solidarity and share, connect and explore opportunities to broaden the peer workforce across NSW. This may include assisting BEING – Mental Health Consumers in co-designing processes specific to peer work, building professional development streams including training, mentoring, and peer supervision, and networking opportunities.

We are keen to hear from peer workers in all types of paid designated lived experience roles to join the network and get involved, so please spread this email to your colleagues and networks of peer workers that you know.

As the peer workforce is dynamic and always changing and people change roles and responsibilities, we are looking to update our database. We have redesigned our membership form, and would appreciate it if you could take some time out of your busy week to update your details and send this form back to peerwork@being.org.au.

If you are interested in joining the BEING Peer Workforce Network, please complete this membership update form and return it to peerwork@being.org.au.

Please note the following for your knowledge, and for potential new Peer Workforce Network members:

- Personal information received by BEING – Mental Health Consumers regarding this form will not be shared with any third party and will only be used for deidentified data purposes.
- Membership to the BEING Peer Workforce Network **is not** full membership to BEING – Mental Health Consumers as an organization.
- To be eligible for membership to the BEING Peer Workforce Network you must include a work email address verifying your position.

If you have any further questions in regards to membership of the BEING Peer Workforce Network, please email peerwork@being.org.au or call us on 1300 234 640

First name	
Surname	
Phone number	
Work email address	

Are you a current member of BEING Peer Workforce Network?	<p>Yes, please update my details</p> <p>No, I would like to become a member</p>
What is your current peer work role title?	
Which LHD or SHN, CMO or private organisation do you work for?	
Is your organization one of the following:	<p>Public Health</p> <p>CMO/NGO</p> <p>Private Health</p> <p>Other (please specify)</p>
What area do you work in?	<p>Mental Health</p> <p>Suicide Prevention</p> <p>Veterans</p> <p>Youth</p> <p>Emergency Department</p> <p>FACS</p> <p>Other (please specify)</p>
What is your current employment status as a (consumer) peer worker?	<p>Paid Fulltime</p> <p>Paid Part time</p> <p>Paid Contract (if contract please specify)</p>
How long have you been in your current role?	

Do you currently hold the Certificate IV in Mental Health Peer Work?	Yes No Other training (please specify)
How can BEING – Mental Health Consumers better support you in your role?	
Do you have any suggestions for the BEING Peer Workforce Network?	

We thank you for completing this membership form. We will be in touch soon regarding confirmation of your membership.