

Nomination for involvement in the MiNDAUS People with Lived Experience (PLEx) Advisory Group

Please complete the following details

Name (first name, last name)			
Email address			
Phone number			
Phone number (optional)			
Preferred method of contact (Please select one)	Phone	SMS	Email
Your MND experience (Please select one)	<input type="checkbox"/> I have MND <input type="checkbox"/> I care for someone with MND <input type="checkbox"/> I am a past carer of someone with MND <input type="checkbox"/> I am a family member of someone with MND		
Which State do you live in?			
Your profession			
Any other skills you believe important for this role (optional)			
Where did you receive this invitation from? (This will help us for future invitations)	<input type="checkbox"/> MND Australia <input type="checkbox"/> MND State Association <input type="checkbox"/> Fight MND <input type="checkbox"/> MND and Me <input type="checkbox"/> None of the above		

Please email this completed form to Catherine Hansen, catherine.hansen@deakin.edu.au

If you would like to discuss what your involvement might entail, please phone Catherine on 0467532911