

Expression of interest for the NT Mental Health Clinical Collaborative

The Northern Territory Mental Health Clinical Collaborative (NT MHCC) is intended to increase the level of collaboration and communication between clinicians, service providers and community stakeholders across the Northern Territory. The Collaborative will ensure that mental health practice is responsive, coordinated, and culturally safe. The NT MHCC aims to promote opportunity to share lessons learnt and exchange of information.

Contact information							
Title	Mr / Ms / Dr / Adj. Prof / Prof / Other (specify)						
Family name/s			Given name/s				
Email			Occupation				
Work phone			Mobile phone				
Organisation			Region of service				
NTG	Y / N	Primary Health Care	Y / N	NGO	Y / N	ACCHO	Y / N
GP	Y / N	Other					
Information about you							
Please provide a brief description of your organisational duties.							

Confidentiality disclaimer

By submitting your application you agree that you may come in contact with confidential information during your time with the NT MHCC. As part of the conditions of this Collaborative, you will keep strict confidence of information shared, received or discussed as private and confidential.

Information received during your duties in this Collaborative may be distributed to non-members, once written approval of a Collaborative Co-chair has been obtained.

Membership may be subject to routine employment checks.

Signature		Date	
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Thank you for completing this form.

Please return it via email to: MHAOD.DoH@nt.gov.au.

Please note that all NT MHCC members are required to sign a conflict of interest and a privacy and confidentiality agreement prior to their first meeting.

If you have any questions please contact the Mental Health Alcohol and Other Drugs Branch on 08 8999 2691 or email MHAOD.DoH@nt.gov.au.