

Global Alliance for Mental Health Advocates

Membership Application Form (Individual)

Vision

Making Mental Health A Global Priority

Background

The Global Alliance for Mental Health Advocates is a special global mental health project initiated by Silver Ribbon (Singapore) and Lundbeck.

Purpose

The Global Alliance for Mental Health Advocates serves as a platform to connect all stakeholders - organisations and individuals such as policymakers, grassroots leaders, representatives of government agencies, mental health professionals, mental health practitioners, treatment providers, teachers, students, journalists, consumers, caregivers, etc, across the world to discuss, learn, network, share best practices, ideas, knowledge & resources on mental health promotion and advocacy, and stay connected in improving the quality of life of people living with mental health issues & their caregivers and promoting an inclusive and gracious society.

Benefits

Benefits	Purpose	Individual	Organisation
Newsletters	To discuss, learn, network, share best practices, ideas, knowledge & resources on mental health promotion and advocacy, and stay connected in improving the quality of life of people living with mental health issues & their caregivers and promoting an inclusive and gracious society.	✓	✓ +publicity of my organisation's upcoming events
Summits		✓ +discounted rates of registration fee for self	✓ +discounted rates of registration fee for staff & volunteers at summits organised by Global Alliance for Mental Health Advocates and its members +free advice and support to host & publicise my organisation's summits
Exchange Programmes		✓	✓
Mental Health Projects		✓	✓

Membership

Complimentary but registration is compulsory and subjected to approval of the Secretariat.

Particulars

First Name	Last Name
Salutation (Please circle) Ms / Mrs / Mr / Dr / Prof	Contact Number (Please include country calling code)
Gender (Please circle) Male / Female	Country of Origin
Mailing Address	
Email Address	
Role (Please tick accordingly) <input type="checkbox"/> Policymaker <input type="checkbox"/> Grassroots leader <input type="checkbox"/> Representative of government agency <input type="checkbox"/> Mental Health Professional (Definition - a healthcare practitioner or community services provider who offers services for the purpose of improving an individual's mental health or to treat mental disorders. <input type="checkbox"/> Allied Health Professional (Definition - Occupational Therapists, Physiotherapist, Speech Language Therapists, Diagnostic Radiographer and Radiation Therapist) <input type="checkbox"/> Social worker <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Journalist <input type="checkbox"/> Consumer <input type="checkbox"/> Caregiver <input type="checkbox"/> Others. Please specify – _____ _____	
Reason/s for signing up	

How would I like to play a part by improving the quality of life of persons with mental health issues & their caregivers and promoting an inclusive & gracious society?

Terms and Conditions

I confirm that I have provided accurate information above and acknowledge that

- My application will be processed within 30 working days and is subjected to the approval of the Secretariat,
- I am required to update The Secretariat on any change of my particulars promptly and submit my notice of termination 30 working days' in advance should I wish to withdraw, and
- The Secretariat retains the right to
 - refuse applications for membership but will offer the opportunity to appeal the decision,
 - amend its membership categories, benefits and criteria at its sole discretion, without prior notice, at any time,
 - terminate my membership if:
 - I do not adhere to the terms and conditions of membership;
 - I am involved in any activity or demonstrate behaviour which the Secretariat deems harmful to the reputation of Global Alliance for Mental Health Advocates directly or indirectly; or
 - The information I provided is discovered to be incorrect.
- The Secretariat will not be liable for any loss or damage as a result of my involvement in Global Alliance for Mental Health Advocates events or activities on account of any negligence, misconduct or any cause of action howsoever arising.

Signature

Date

For official use

Date Received _____ Status – Accepted / Rejected

Reason/s for rejection – incomplete / invalid details / others. Pls specify _____