



# Mental Health Professionals' Network

## Network Meeting Attendance Sheet

Network Name: \_\_\_\_\_ State \_\_\_\_\_

Meeting date: \_\_\_\_\_ Meeting Duration: \_\_\_\_\_ hrs \_\_\_\_\_

Coordinator/s: \_\_\_\_\_

**Please tick "Attended" to receive your certificate of attendance (within 6 weeks).**

**\*Privacy: By signing this sheet, attendees agree to share their contact details with current and future members of this and any other MHPN network of which they may be a member.**

First name	Last name	Profession	Email	Phone	Attended (tick)	Signature*

It is important for MHPN to provide the Commonwealth government with evidence of network activity. We would appreciate your assistance with this. Please fax this form to 03 9639 8936. Email to [networks@mhpn.org.au](mailto:networks@mhpn.org.au) or post to PO Box 203 Flinders Lane VIC 8009.



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