

Mental Health Professionals' Network

Network Meeting Attendance Sheet

Network Name: _____ State _____

Meeting date: _____ Meeting Duration: _____ hrs _____

Coordinator/s: _____

To receive a Statement of Attendance, tick that you have attended. These are sent within four weeks of MHPN receiving this form.

*** Sign where indicated to be included on the network directory. The directory shows your contact details to current and future network members of this and any other MHPN networks of which you are 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 email this form to networks@mhpn.org.au or post to **PO Box 203 Flinders Lane VIC 8009**.

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