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| ***This form is for individuals to express interest in giving a short (3 minute) statement to the Committee  about their experiences, over the telephone in a private session.***  *Please note that completing this form does not guarantee that you will be able to make a statement to the Committee.  If you are shortlisted, you will be contacted by the secretariat on the details provided for further information.*  *Please complete the relevant sections below and send by email to* [*family.violence.reps@aph.gov.au*](mailto:family.violence.reps@aph.gov.au)*.  For more information about the inquiry, please visit* [*www.aph.gov.au/familyviolence*](http://www.aph.gov.au/familyviolence)*.*  *To ensure accuracy, please PRINT all information. Information submitted on this form will* ***not*** *be published.* |
| **CONTACT DETAILS**  **Title**  Mr  Ms  Mrs  Dr  None  Other (please specify): |
| **First name:** |
| **Last name:** |
| **Phone number:**  **Email address:** |
| **DEMOGRAPHIC INFORMATION**  *This information is to assist the Committee in endeavouring to ensure that a representative sample of individuals is invited to make a statement.*  **Gender:**  **Postcode:**  **Any other information about you that you would like the Committee to consider (e.g. your sexuality, indigeneity, cultural or linguistic background, housing situation, or whether you have a disability):** |
| **COMMUNITY STATEMENT SUMMARY**  *Please outline below in a few short points the issues you would like to tell the Committee about if you are invited to make a statement.* |