**Before reviewing and completing the below, please read through the information sheet and questions to ask yourself before applying.**

We can provide you with help to read, understand and complete this expression of interest form. If you need help to complete this form, please get in touch with:

Tess Moodie

Principal Consultant/facilitator

Email tmoodieconsultancy@gmail.com

Phone/SMS 0438 045 986

You can also complete this form online at <https://www.tmoodieconsultancy.com.au/getinvolved>

**Please complete and return to:** tmoodieconsultancy@gmail.com

**before 26th March, 2025**

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| --- |
| **Contact details** |
| **First Name** |  |
| **Surname** |  |
| **Name to be used in the consultation *(you can use a fake name or pseudonym if needed)***  |  |
| **Gender** | [ ]  Woman or female[ ]  Man or male[ ]  Non-binary [ ]  Something else (please specify): |
| **Date of birth** |  |
| **Pronouns** |  |
| **Residential address** |  |
| **Postal address** |  |
| **Email** |  |
| **Best contact phone number** |  |
| **Preferred contact method** | [ ]  Phone [ ]  Email [ ]  SMS  |
| **Emergency contact name & phone number** |  |
| **Eligibility to participate** |
| Do you have a lived experience of child sexual abuse? [ ]  Yes [ ]  No  |
| Do you live in Tasmania? [ ]  Yes [ ]  No  |
| Are you over 18 years of age? [ ]  Yes [ ]  No  |
| Have you read and understood the information sheet and self-reflection questions and feel like you understand what is required of the consultation? [ ]  Yes [ ]  No  |
| The consultation will be held over the online video platform Zoom. Do you have access to a laptop, computer, IPad or tablet and enough internet data to use this? [ ]  Yes [ ]  No  |
| **About you** |
| ***We respect you may or may not feel comfortable answering these questions or providing these details about yourself. Please feel free to skip any questions you do not wish to answer.*** |
| **Location – *please tick*** | [ ]  Major city [ ]  regional [ ]  rural/remote |
| **Are you Aboriginal and/or Torres Strait Islander? Please tick** | [ ]  Aboriginal[ ]  Torres Strait Islander[ ]  Both Aboriginal and Torres Strait Islander [ ]  Neither Aboriginal or Torres Strait Islander [ ]  Prefer not to say |
| **Are you from any communities or identities that you would like us to know about? E.g. LGBTIQA+, culturally and linguistically diverse, low socioeconomic background, migrant or refugee, live with a disability or other identities?**  |  |
| **How would you describe your cultural identity/ethnicity/heritage?**  |  |
| **Do you have any health conditions or forms of disability that require additional support or accommodations to attend the consultation or to make your attendance in the consultation more accessible or supportive?** *If so, please tell us what we can do to support or what you need.* |  |
| How did you find out about this consultation?  |
| **Lived Experience & Advocacy** |
| **In answering the following, if you feel comfortable to do so, you may include what types of abuse/violence you have experienced. There is no pressure or expectation for you to disclose details of abuse. Please only tell us what you are comfortable to share.*****You are welcome to record a video or audio to answer these questions instead of writing them. Please talk to us about the best way to send this to us if you want to do it this way.******If you need more room than this form provides for writing, please attach separate pages.*** |
| **Do you have any current concerns for your safety or risk from your perpetrator to you if you participate in this consultation?***This will help us to assess if there are any personal safety risks to you by participating in this consultation.* |
| **Are you currently undergoing any legal or criminal justice system action that could be affected by you participating in this consultation?***This will help us to assess if there are any legal risks to you by participating in this consultation.* |
| **Other information** |
| **Are you currently receiving any professional support, counselling, psychological therapy or other supports?***This gives us an idea of support services that you may already have in place that could support you during or after the consultation. Note this is not compulsory for you to have.*  |
| **Is there anything else you would like us to know about you or how we can make it safe or easier for you to be part of this consultation?** |

**What happens next?**

Thank you for your expression of interest!

Each session is capped at a maximum of 8 people and unfortunately not all people who apply can be guaranteed a spot.   Thank you for your expression of interest. We will be in touch soon to let you know the outcome. In the meantime if you have any questions please get in touch with Tess Moodie by email tmoodieconsultancy@gmail.com or phone/SMS 0438 045 986.