



**Service Advisory Register  
Expression of Interest and Confidentiality Form**

Epilepsy Action Australia requires the information below to be completed and returned to our office to consider your expression of interest. The information provided will be treated confidentially. Please complete and return this form to Epilepsy Action Australia by post at PO Box 879, Epping, NSW, 1710 or via email: [epilepsy@epilepsy.org.au](mailto:epilepsy@epilepsy.org.au) by **28<sup>th</sup> September 2018**.

\*\*

I would like to express my interest in joining the Service Advisory Register as a (please tick one):

- Person with epilepsy 18 and over
- Primary carer/immediate family member of child or youth aged under 18
- Primary carer/guardian of person with epilepsy aged over 18

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

\_\_\_\_\_

Phone (Best daytime number) \_\_\_\_\_

Email \_\_\_\_\_

hereby agree:

1. To join the Service Advisory Register.
2. To treat all Epilepsy Action Australia service and business information gained in the course of fulfilling this role confidentially and will not disclose any information to third parties.
3. To store and dispose of all information/ materials supplied, no matter the format, securely.
4. All ideas, activities and materials discussed, developed and prepared in the course of this role remain the property of Epilepsy Action Australia.

Signature \_\_\_\_\_ Date \_\_\_\_\_