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**Community of Practice – Membership Form**

Please complete the details below to enable the staff from your organisation to benefit from accessing a range of resources to support the implementation of the Home Stretch WA service model and opportunities to collaborate with other organisations delivering the service.

This information will be stored on the Home Stretch WA Community of Practice website in the Member’s Portal allowing for resources, details of events and professional development opportunities to be readily shared between members.

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| **Organisation Details** |
| Name |   |
| Address  |   |
| Postal Address (if different from above) |   |
| Region of Home Stretch WA Service Provision |   |
| Website Address |   |
| DoC District Locations |   |
| **Home Stretch WA Primary Contact Details** |
| Name  |   |
| Position Title |   |
| Email  |   | Phone |   |
| **Home Stretch WA Team Structure & Representatives** |
| Number of Staff in each Home Stretch WA Team Role | Transition Coach  |  | Transition Coach (50d) |  |
| Staying On Facilitator |  | Administrative Support |  |
| Name of Coordinator (if not primary contact) |   |
| Name of Nominated Representative for the Expert Panel |   |
| Name of Nominated Contact for the YAG Liaison |   |
| Name of Nominated Representative for the Staying On Group |   |
| Name of Data Contact in Organisation |   |
| **Timeline for Home Stretch WA Service Commencement** |   |
| When do you expect to commence recruitment? |   |
| When will you be ready for district connector sessions? |   |
| When do you expect to start developing your data agenda and collection tools? |   |
| When do you expect to start onboarding young people? |   |
| **Authorised By** |
| Name of Authorised Delegate |   |
| Signature of Authorised Delegate |   | Date |   |