



WA Health



Work Life Balance Be a Part of IT! Join the Work Life Balance Network

I wish to join the Work Life Balance Network.

My details:

Name in Full:	_____
Position:	_____
Division/Branch:	_____
Health Service:	_____
Address:	_____ _____
Phone:	_____
Fax:	_____
E-mail:	_____
Signature:	_____ Date: _____

Optional: I consent to my work contact details being made available on the WLB Network website, and I understand that I may be contacted by other Network members regarding WLB issues.

Signature: _____

If you need further information about the Work Life Balance Network, please contact the Work Life Balance + Equity Unit

Phone: (08) 9222 4426

Email: WorkLifeBalance@health.wa.gov.au

Completed forms should be forwarded to:

The Work Life Balance Coordinator
Department of Health
Level 1, B Block
189 Royal Street
East Perth WA 6004

Please forward a copy of this form to colleagues who may also be interested in joining the network.

Visit the Work Life Balance Website at: www.health.wa.gov.au/worklifebalance

