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**Home** 

## **Contact a minister**

Use this form to contact a health-related minister.

## Form requirements

You will need an email address to complete this form. If you don't have one, you can contact the minister in other ways.

## Your contact details

**Title (mandatory)** 

Title

iiven name (mandatory)	
amily name (mandatory)	
mail (mandatory)	
treet address (mandatory)	
ity/Suburb (mandatory)	
tate (mandatory)	
- Select -	
Postcode (mandatory)	

rganisation
inquiry details
linister name (mandatory)
- Select -
nquiry subject (mandatory)
etails of your enquiry/comments (mandatory)
laximum length of 9,000 characters. Please only include personal information about yourself or another individual that i irectly related to your enquiry.
ne file only.
the the Only.

2 MB limit.

Allowed types: jpg, jpeg, png, pdf.	
Choose File No file chosen	Upload

## -Acknowledgements (mandatory)-

- ☐ I acknowledge that:
- I have read the <u>privacy notice for this form</u>.
- I consent to the department collecting, using and disclosing my personal information in this form and in any attachments, in line with the privacy notice.
- If I have included any personal information about another person in this form or in any attachments, either:
  - I have read the <u>privacy notice for this form</u>; or
  - o I am authorised to act on their behalf.
- All enquiries are read and considered, however not all enquiries may receive a reply.

Submit