Professional and specialist network

Join a reviewed professional workstream or offer specialist time. Joining is not appointment as a campaign adviser and grants no access to private submissions.

REVIEW COPY. Do not collect responses until this form and its privacy notice are approved.

Digital questionnaire https://findank.co.za/cannabis-reform/forms/professional English - adults 18+ only

Instructions: tick one listed answer per choice question. Questions marked * are required. Leave optional questions blank if you prefer. Use general terms and do not identify other people. Participation cannot guarantee regulatory change.

Privacy review notice: participation is voluntary and adult-only (18+). Answers are for restricted campaign evidence review and de-identified reporting. Do not include identity numbers, exact addresses, diagnoses, criminal admissions or names of third parties. Expert/volunteer/professional contact details serve only the stated purpose. Draft retention proposal: 180 days after entry; the approved notice must confirm the responsible party, privacy contact, storage, transfers, rights and backup deletion before collection. Keep the response reference and private receipt supplied after secure entry to access or withdraw your response. Petition and email consent are separate.

Optional anonymous paper response code (64 characters; assigned by authorised administrator before entry):

Share your own professional details only. Do not include patient or client information, confidential records or privileged advice. Registration and expertise are self-reported until checked.

1. Province *

[ ] Eastern Cape

[ ] Free State

[ ] Gauteng

[ ] KwaZulu-Natal

[ ] Limpopo

[ ] Mpumalanga

[ ] Northern Cape

[ ] North West

[ ] Western Cape

2. Age bracket *

[ ] 18-24

[ ] 25-34

[ ] 35-44

[ ] 45-54

[ ] 55-64

[ ] 65+

[ ] Adult; prefer not to specify

3. Name *

_____

_____

4. Professional or specialist role *

[ ] Doctor

[ ] Nurse or midwife

[ ] Lawyer or advocate

[ ] Pharmacist

[ ] Researcher

[ ] Public health specialist

[ ] Psychologist or allied health professional

[ ] Economist

[ ] Agricultural specialist

[ ] Patient organisation

[ ] Community representative

[ ] Other specialist

5. Organisation or practice (optional) (optional)

6. Email for professional coordination *

7. Professional body (where applicable) *

[ ] HPCSA

[ ] SANC

[ ] Legal Practice Council

[ ] South African Pharmacy Council

[ ] Other

[ ] Not applicable

8. Public professional registration number (optional; no identity number) (optional)

9. Relevant expertise *

10. Preferred contribution *

[ ] Clinical evidence review

[ ] Nursing and patient support guidance

[ ] Legal and parliamentary submissions

[ ] Research and evidence appraisal

[ ] Public health and safeguards

[ ] Economic and employment analysis

[ ] Community engagement and accessibility

[ ] Other

11. Time or availability you can offer *

12. Relevant funding, commercial interests or conflicts (optional) (optional)

13. May we contact you about this workstream? *

[ ] Yes

[ ] No

14. May an authorised reviewer check your professional credentials against the appropriate official register? *

[ ] Yes

[ ] No

15. Public profile preference *

[ ] Keep my details private

[ ] Contact me to approve a public profile later

Consent - read before submitting

I am 18 or older. I have read the purpose and privacy notice. I voluntarily agree to the processing of this response for this initiative, including restricted review and de-identified reporting. This is not agreement to a petition or marketing.

[ ] I agree to the statement above. [ ] I do not agree (do not enter this form).

Consent mark (no printed name required): _____ Date: _____

Administrator-only: confirm approved version, signed/marked consent and paper code. Store securely; do not photograph or upload this paper to public storage. Record secure entry and confidential receipt handover.