**headspace Youth Reference Group**

**Application form**

**Personal Details**

**Name**

**Phone**

**Emai**

**Address**

**Date of Birth**

**Pronouns**

What languages do you speak at home?

Where were you born?

Are you Aboriginal or Torres Strait Islander?

Are you from a rural or remote area?

Do you have a family member with a mental illness?

Do you identify as having/had a mental illness?

If yes, is this something that you would be happy (and feel comfortable) talking about?

**About You (Don’t stress! We value your experiences and thoughts)**

**Please tell us a bit about yourself?**

*(For example: I am 16 years old, and attend alternative education centre 3 days a week, I like skate-boarding etc)*

**Why do you want to be involved in headspace?**

**Please describe why you are interested in becoming a Youth Reference Group member?**

**What type of headspace activities would you like to be involved in?**

**What skills and ideas could you bring to the Youth Reference Group?**

**Are you involved in any other organisations? If yes, which ones and what is your involvement?**

**Please describe some of the mental health issues you think affect young people today?**

**What type of headspace activities would you like to be involved in?**

**Tell us about your ability to work as part of a team:
Do you find change easy or difficult? How do you manage that?**

**Do you see yourself as able to participate in a group consultation process, or will you need training to do this?**

**Tell us about the strategies you will use to balance schools/work/YRG commitments?**

**Will you be able to travel to and from meetings/events: YES** [ ]  **NO** [ ]  **Are you able to work flexible hours? YES** [ ]  **NO** [ ]

Send to silas.pollard@health.nsw.gov.au