**headspace local reference group application form**

**headspace local reference group application form**

**Personal Details**

**Name**

**Phone**

**Address**

**D.O.B**

**Sex**

What languages do you speak at home?

Where were you born?

Where were your parents born?

Are you Aboriginal or Torres Strait Islander?

Do you have a family member with a mental illness?

Do you identify as having/had a mental illness?

.

Is this something that you would be happy (and feel comfortable) talking about?

**About you**

Please tell us a bit about yourself?

***(For example: I am 15 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 your areas of interest.

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

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

Is there anything else you would like to tell us?