

Youth Reference Group Application Form

Personal Details

Name

Phone

Email

Address

Date of Birth

Gender

Are you currently working or studying? Yes No

Further details

Emergency Contact

Name

Relationship

Email

Address

Phone

Other info

About You:

What interests you about being involved in headspace Bathurst Youth Reference Group and what would you like to get out of this experience?

What are your core passions/interests?

What do you feel is missing in Bathurst for young people?

What study, work and/or extracurricular activities do you have planned for the next 12 months?

I would be available to attend monthly meetings on Tues, Wed (circle days available)

Are you Aboriginal or Torres Strait Islander? Yes No

Are you culturally and linguistically diverse? Yes No

Do you identify as a member of the LGBTQIA+ community? Yes No Prefer not to say

Do you have a family member or friend with a mental health issue? Yes No

Do you identify as having/had a mental health issue? Yes No

Are you happy [and comfortable] to talk about these mental health issues? Yes No

If you're 18 or older, can you supply a Working With Children's Check? Yes No N/A

How did you hear about headspace Bathurst Youth Reference Group?

Please return this completed form to headspace Bathurst. You can drop it into reception or email it through. If you have any enquiries regarding this application please email hs.bathurst@marathonhealth.com.au

headspace Bathurst, 102 Keppel Street, Bathurst NSW 2795 Tel 02 6941 9021

Find out more at headspace.org.au/bathurst or keep up to date with what's happening at facebook.org.au/headspacebathurst

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