**YOUTH ADVISORY GROUP**

 **Application Form**

**Your personal details:**

Name Facebook Name:

Phone DOB: / /

Email

Address

When are you available for meetings? M **T** W  **T** F 9 – 3 **3 – 5** AFTER 5

**Let’s get to know you!**

Please tell us a little bit about yourself, such as your hobbies, what you do with your time or what your plans for the future are:

Can you tell us about why you are interested in joining the headspace Alice Springs Youth advisory group?

Have you been / are you involved with any other organisation? If yes, please provide information:

**At headspace Alice Springs we are keen to ensure we hear the voices of young people from a variety of backgrounds and would like it if you could answer the following questions to help us recruit a diverse group of young people for our YAG.**

*This information is for our records only and will not affect your application process.*

Where were you born?

What languages do you speak?

Do you have any food allergies?

What school do you attend? If so, Year?

Do you identify as having / had a mental illness? If yes, do you feel comfortable talking about it?

Are you an Aboriginal or Torres Strait Islander? YES NO

**Nearly done… just a few more questions!**

What areas of health and well-being for young people are you most interested in?

Is there anything else you would like to tell us?

Thanks for filling out this application! Any Q’s? – (08) 8958 4544
**Applicants will be contacted regarding the interview process**.