

Youth Reference Group Application Form

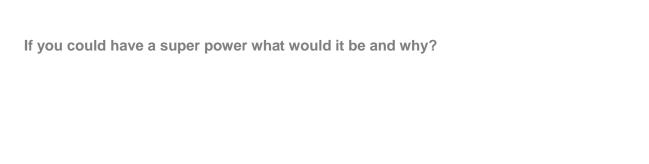
Personal	Details	
Name		
Phone		
Email		
Address		
Date of Birth		
Gender		
Are you currently working or studying?	Yes No	
Further details		
Emerge	ncy Contact	
Name		
Relationship		
Email		
Address		
Phone		
Other info		

headspace Bathurst, 130 Havannah Street, Bathurst NSW 2795 Tel 02 6338 1100 Fax 02 6338 1199

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

headspace National Youth Mental Health Foundation Ltd is funded by the Australian Government Department of Health and Ageing under the Youth Mental Health Initiative Program.

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



What does a typical day look like for you?

Is there anything else you would like to share with us?

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

Are you Aboriginal or Torres Strait Islander? Yes No

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

Is this something that you would be happy (and feel comfortable) talking about? Yes No

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 post it to PO Box 175, Bathurst NSW 2795. If you have any enquiries regarding this application please contact Karen Golland on 6338 1100 or email karen.golland@mararthonhealth.com.au

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