

## 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?

If you could have a super power what would it be and why?

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@marathonhealth.com.au](mailto:karen.golland@marathonhealth.com.au)

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

Find out more at [headspace.org.au/bathurst](http://headspace.org.au/bathurst) or keep up to date with what's happening at [facebook.org.au/headspacebathurst](https://facebook.org.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.