**Youth Reference Group Application Form**

**Personal Details**

**Name**

**Phone**

**Email**

**Address**

**Date of Birth**

**Gender**

**Are you currently working or studying?**

**Further details**

**No**

**Yes**

**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 study, work and/or extracurricular activities do you have planned for 2021?**

**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**

**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 email it through. If you have any enquiries regarding this application please email jake.byrne@mararthonhealth.com.au