



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 Dubbo 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 are the biggest things impacting young people today?

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

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 Dubbo Youth Reference Group?

Please return this completed form to headspace Dubbo. You can drop it into reception or email to amy.mines@marathonhealth.com.au. If you have any enquiries regarding this application please contact Amy on (02) 5852 1900