Youth Advisory Group (YAG)  
Application Form

08

Fall

# Who can apply?

## Anyone aged between 16 and 24 years who is passionate about youth mental health.

We particularly want to hear the voices of Indigenous young people, young people from diverse cultural backgrounds, LGBTQIA+ young people and young people who have accessed our service in the past.

### Please read the position description carefully then complete the application form and email it to Sara: sara.hanna@headspacehawthorn.org.au

**Personal Details:**

|  |  |
| --- | --- |
| Name: |  |
| Pronouns: |  |
| Date of Birth: |  |
| Phone: |  |
| Email: |  |
| Address: |  |

**About You**

The following questions are to find out a bit about you, so we can support you to feel safe and comfortable in the YAG.

|  |  |
| --- | --- |
| What languages do you speak at home? |  |
| What is your cultural background? |  |
| Are you Aboriginal or Torres Strait  Islander? |  |
| Do you identify as having a mental illness? |  |
| Do you have any accessibility requirements? |  |

**Tell us a bit about yourself! We want to know about your hobbies, interests and passions.**

|  |
| --- |
|  |

**Why would you be a great YAG member? What are some of your skills, talents, ideas or attributes?**

|  |
| --- |
|  |

**What are you hoping to get out of the YAG?**

|  |
| --- |
|  |

**What is your current availability? Please explain your commitments to work, study or other volunteering.**

|  |
| --- |
|  |