

## 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?

What are your core passions/interests?

What do you feel is missing in Bathurst for young people?

What study, work and/or extracurricular activities do you have planned for the next 12 months?

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    Prefer not to say

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

Are you happy [and comfortable] to talk about these mental health issues?    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 [hs.bathurst@marathonhealth.com.au](mailto:hs.bathurst@marathonhealth.com.au)

headspace Bathurst, 102 Keppel 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.