## **Youth Reference Group Application Form**



What languages do you speak at home?

Where were you born?

Are you Aboriginal or Torres Strait Islander?

Are you from a rural or remote area?

Do you have a family member with a mental illness?

Do you identify as having/had a mental illness?

If yes, is this something that you would be happy (and feel comfortable) talking about?

**About You (Don’t stress! We value your experiences and thoughts)**

**Please tell us a bit about yourself?**

*(For example: I am 15 years old, and attend alternative education centre 3 days a week, I like skate-boarding etc)*

**Why do you want to be involved with headspace? Please describe why you are interested in becoming a Youth Reference Group member?**

**What type of headspace activities would you like to be involved in?**

**What skills and ideas could you bring to the Youth Reference Group?**

**Are you involved in any other organisations? If yes, which ones and what is your involvement?**

**Please describe some of the mental health issues you think affect young people today?**

**What type of headspace activities would you like to be involved in?**

**Do you find change easy or difficult? How do you manage that?**

**Do you see yourself as able to participate in a group consultation process, or will you need training to do this?**

**Tell us about the strategies you will use to balance schools/work/YRG commitments?**

**Will you be able to travel to and from meetings/events: YES NO**

**Are you able to work flexible hours? YES NO**

Send to [Rachel.Adams@health.nsw.gov.au](mailto:silas.pollard@health.nsw.gov.au) and Cc: [Silas.Pollard@health.nsw.gov.au](mailto:Silas.Pollard@health.nsw.gov.au)