# Youth Reference Group Application Form

\*\*All information provided will be kept confidential

Your insight to local youth and community issues and life experience in Lithgow is important to us!

Help us stay relevant and contribute to the planning, decision making and direction of headspace Lithgow. Apply today!

E-mail completed form or queries to: hs.lithgow@marathonhealth.com.au

**Personal and contact details:**

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| --- | --- | --- | --- |
| First name: |  | Gender: |  |
| Surname: |  | **Phone:** |  |
| Age: |  | **Email:** |  |
| Date of Birth: |  | **Address:** |  |
| Pronoun: |  |  |



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| Do you have lived experience with any of the following? *(answer with a yes or no)* | |
| * A culturally and linguistically diverse background? |  |
| * As an Aboriginal or Torres Strait Islander young person? |  |
| * A mental health issue? |  |
| * As a young person living with a disability? |  |
| * Do you have any access or support requirements to participate in the YRG? (If yes, please give detail) |  |

**About You:**

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| **Tell us a bit about yourself, what do you do and what are you interests?** |
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| **What interests you about being involved in headspace Lithgow Youth Reference Group?** |
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| **What would you like to get out of this experience?** |
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| **Is there anything else you would like to share with us?** |
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