

# 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?

If you could have a super power what would it be and why?

What study, work and/or extracurricular activities do you have planned for 2021?

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

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 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 [jake.byrne@marathonhealth.com.au](mailto:jake.byrne@marathonhealth.com.au)