**Youth Reference Group Application Form**

**Personal Details**

**Name**

**Phone**

**Email**

**Address**

**Date of Birth**

**Gender**

**Are you currently working or studying?**

**Further details**

**No**

**Yes**

**Emergency Contact**

**Name**

**Relationship**

**Email**

**Address**

**Phone**

**Other info**

**About You:**

**What interests you about being involved in headspace Dubbo 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 are the biggest things impacting young people today?**

**Is there anything else you would like to share with us?**

**Are you Aboriginal or Torres Strait Islander? 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 Dubbo Youth Reference Group?**

Please return this completed form to headspace Dubbo. You can drop it into reception or email to amy.mines@marathonhealth.com.au. If you have any enquiries regarding this application please contact Amy on (02) 5852 1900