Youth Advisory Group (YAG)
Application Form

# Who can apply?

## Anyone aged between 16 and 24 years who is passionate about youth mental health.

We particularly want to hear the voices of Indigenous young people, young people from diverse cultural backgrounds, LGBTQIA+ young people, young people who have been homeless and young people who have accessed our service in the past.

### Please read the position description carefully then complete the application form and email it to Lily: lily.bourke@headspacehawthorn.org.au

 **Personal Details:**

|  |  |
| --- | --- |
| Name:  |  |
| Pronouns: |  |
| Date of Birth: |  |
| Phone:  |  |
| Email:  |  |
| Address:  |  |

**About You**

|  |  |
| --- | --- |
| What languages do you speak at home?  |  |
| Where were you born?  |  |
| What is your cultural background?  |  |
| Are you Aboriginal or Torres Strait Islander?  |  |
| Do you identify as having/had a mental illness?  |  |
| Is this something that you would be happy (and feel comfortable) talking about?  |  |

**Tell us a bit about yourself! Why are you interested in joining the YAG?**

|  |
| --- |
|  |

**Why would you be a great YAG member? What are some of your skills, talents, ideas or attributes?**

|  |
| --- |
|  |

**What is your current availability? Please explain your commitments to work, study or other volunteering.**

|  |
| --- |
|  |