

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 2020?

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

I would be available to attend monthly meetings on Mon, Tues, Wed (circle days available)

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 Bathurst Youth Reference Group?

Please return this completed form to headspace Bathurst. You can drop it into reception or post it to PO Box 175, Bathurst NSW 2795. If you have any enquiries regarding this application please email jake.byrne@marathonhealth.com.au

headspace Bathurst, 102 Keppel Street, Bathurst NSW 2795 Tel 02 6338 1100 Fax 02 6338 1199

Find out more at headspace.org.au/bathurst or keep up to date with what's happening at facebook.org.au/headspacebathurst

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