**Application:**

headspace

Youth Reference Group

**Who can apply?**

**A**nyone aged between 16 and 25 who is involved with their local headspace centre or wants to create positive change in our community

**We want you to apply if:**

You have knowledge of, interest in and feel passionate about mental health issues

headspace encourages applications from Aboriginal and Torres Strait Islander young people, young people from culturally diverse backgrounds, young people from rural and remote areas, gay, lesbian, bisexual and transgender young people and young people who have been homeless.

Please contact headspace for any assistance in completing this form [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au) or [bree.cross@gatewayhealth.org.au](mailto:bree.cross@gatewayhealth.org.au)

Applicant information

**Personal Details**

**Name**

**Phone**

**Email**

**Address**

**Date of Birth**

**Pronoun**

**she/her**

**he/him**

**they/them**

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

About You

**Please tell us a bit about yourself.**

*(For example: I am 20 years old, I currently study/work/looking for work, I like skate-boarding etc.)*

**Why do you want to be involved in headspace?**

**Please tell us why you are interested in the Youth Reference Group role.**

**What type of headspace activities would you like to be involved in?**

**What skills will you bring to this role?**

**Are you involved in any other organisations or have you been involved in any other similar roles before? If yes, which ones and what is your involvement?**

Thank you for completing this application form.

Applications close Friday 26 March 2021

Please send completed form to

**Bree Cross Community Development Worker**

[**bree.cross@gatewayhealth.org.au**](mailto:bree.cross@gatewayhealth.org.au)

Referees: Please nominate two referees.

It is important that you seek permission from your proposed referees, referees should be people who know you other than family e.g. teachers, employers, support people.

Referees are only contacted after an interview is conducted

1. Name:

Phone:

1. Name:

Phone