**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 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 does a typical day look like for you?**

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

**I would be available to attend meetings on Monday, Tuesday or Wednesday (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 contact Karen Golland on 6338 1100 or email karen.golland@mararthonhealth.com.au