##

## Thanks for expressing interest to become a member of the Youth Focus Youth Reference Group.

We believe that youth participation is fundamental to the delivery of relevant and quality services for young people, hence we are excited to recruit some new young people to join our existing members.

Before you complete the following Application Form, please ensure that:

1. You are currently aged between the ages of 16-23 years (inclusive);
2. You reside in Western Australia;
3. You can commit to attending meetings every 4 weeks either in person or, if you live outside of the Perth Metropolitan area, via videoconference. Meetings are held at our Burswood Office: 54 Goodwood Parade, Burswood.
4. You either currently hold or agree to apply for a Volunteer National Police Clearance and Working With Children Check

Applications due no later than: Sunday 22 December, for 2020 intake.

Once your application is received and reviewed by the Youth and Families Coordinators, you will be contacted regarding an interview.

Interviews will be held in early January.

Should you be successful in being offered membership, the first meeting will be held on Tuesday 4 February, 2020.

Thank you again for applying.

Angela Birch and Veronica Johnston
Youth Programs Coordinators



Youth Focus Youth Reference Group
Application Form

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| --- | --- |
| First Name |  |
| Last Name |  |
| Date of Birth |  |
| Identified Gender |  |
| Residential Address |  |
| Email Address |  |
| Phone Number |  |
| Emergency Contact | Name |  |
|  | Relationship to you |  |
|  | Phone number |  |

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| What is your current occupation/studies? |
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| How have you heard of Youth Focus? |
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| Tell us about your current or previous involvement (if any) with youth related organisations / services. |
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| What has inspired you to apply to become a member of the Youth Focus Youth Reference Group? |
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| What do you see as the biggest obstacles facing young people with mental health concerns, either individually or within the population? |
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| Are you available to attend meetings in person, or via skype (for regional members only) every four weeks from 5.30pm-7.30pm?  |
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| Do you have any dietary requirements? |
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As part of the application process we will be contacting a reference of your choice – please select someone that you have a professional association with, such as a teacher, lecturer, tutor or employer.

If you have troubles with this, please discuss with us prior to submitting your application.

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| Reference Details |
| Name |  |
| Relationship to Applicant |  |
| Contact Number |  |
| Email Address |  |