

Kwinana Youth Mental Health Youth Steering Group Application Form



Tell us why you are interested in joining the youth steering group.

Full name	
Preferred name	
Pronouns	
Age	
Gender	
Address	
Suburb	
Contact number	
Email address	
Do you identify as any of the following? * You don't have to answer this question, however we are collecting it to help us choose a diverse team.	<input type="checkbox"/> Current or previous experience of mental health challenges <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Person of colour <input type="checkbox"/> From a refugee or migrant background <input type="checkbox"/> Living with a disability and/or chronic illness <input type="checkbox"/> LGBTIQA+ <input type="checkbox"/> Being a young parent or person who has caring responsibilities
Do you live, work, study, volunteer, or visit organisations in the City of Kwinana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dietary requirements? (If yes, please tell us what they are)	
Do you have any accessibility requirements? If yes, please tell us about them. *This can include things like needing interpreters, documents in larger/different print, accommodations for sensory needs)	
If you are under 18*, please also complete the section below	
Parent/guardian name	

Parent/guardian contact number	
Parent/guardian email	
My parent/guardian agrees that I can become a peer researcher	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure, I haven't checked with them

* If you are an independent minor or have another reason that you cannot get parental consent. This doesn't mean you cannot be considered for a place. We may just need to have a chat about how we can help you participate. If this applies to you, just tell us below and we will be in contact.

Tell us why you are interested in joining the youth steering group.

Suggestion: You may like to tell us a bit about your experience(s) with mental health challenges and/or mental health systems (such as services, healthcare support etc.)

A group works best when people bring different skills, talents, and interests. Tell us a bit about what skills you think you could bring to the group.

Suggestion: You may like to tell us what you think you are good at or like doing, for example some people are great planners, some people are creative, some have excellent design skills and others are good listeners.

This project will involve a number of discussions about mental health topics. This may sometimes be difficult, and we want to support members of the group well. Can you tell us bit



about what support systems you have in place that you might be able to use during the project if needed.

Suggestion: This could be family, friends, community, elders, or organisations that you are connected with.

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Referee

Please provide the details of one person that we can contact to talk with about your suitability for the role. For example, a teacher, a coach an employer—we can also accept a family member.

Name	
Relationship to you	
Contact number	
Email	

Agreement

I agree that if I am selected to be part of the Youth Steering Group, I will:

- Attend regular meetings to the best of my capacity
- Actively participate and contribute to the co-design of projects
- Remain in contact with the group coordinator by phone, email, or other method
- Apply for a Working with Children Check (if over 18) – we will help with this