**headspace Port Macquarie Youth Reference Group application form:**

**Personal Details**

**Name**

**Phone**

**Email**

**Address**

**Date of Birth**

Are you Aboriginal or Torres Strait Islander?

Do you have a family member with a mental illness?

Do you identify as having/had a mental illness?

Is this something that you would be happy (and feel comfortable) talking about?

Where did you hear about YRG?

**About You**

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

*(For example: age, education/work, hobbies etc)*

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

**Please describe your areas of interest?**

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

**Are you involved in any other organisations? If yes, which ones and what is your involvement?**

**Is there anything else you would like to tell us?**