

Youth Reference Group Application Pack

Please return application pack to the headspace Gladstone office or email to awareness@headspacegladstone.com.au when completed





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Application Process

Fill out headspace Gladstone
Youth Reference Group Application Pack and return to reception

Crew Coordinator will get in contact with you to set up an orientation. You will be interviewed by the current Youth Reference Group President and Vice-President, and a couple of headspace staff members... don't worry, we aren't scary!:)

If all goes well, you will receive an orientation pack which you will need to bring to the next Youth Reference Group catch-up where you will meet the rest of the Crew!



Frequently Asked Questions (FAQ's)

1. What is the Youth Crew?

Our Youth Crew consists of young people that are passionate about mental health and well-being. We hope to:

- 1. Allow a way for the voice of young people to be heard and acted upon.
- 2. Provide you with the opportunity to have input into the strategic direction of **headspace** services and local mental health services.

Provide opportunities for skills and leadership development and provide experience in; media, marketing, communication, project development and advocacy skills.

2. What is involved in the role?

Young People on the **headspace** Youth Crew will have the opportunity to be involved in a number of ways including:

Attending fortnightly catch-ups to share ideas, plan for events, undertake training, etc.

Planning and attending community and school events

Creating content for social media and advertising

Presenting topics on mental and physical health to school students

Etc.

By providing a variety of activities we hope to provide the opportunity to draw on our crew's strengths, abilities and capabilities, while also appealing to a broad range of interests.

3. What's the time commitment?

12 months! There will be fortnightly catch-ups on Tuesdays from 3.30pm-4.30pm.

In between catch-ups and events we keep in touch through hannah, a social media platform that all Youth Groups across headspace National use! When you complete your orientation we show you the ropes so you can be a pro user.



headspace Gladstone Youth Crew application form

| | Personal Details | |
|---------------------------------------|--|--|
| Name | | |
| Phone | | |
| Email | | |
| Address | | |
| | | |
| | | |
| Date of Birth | | |
| Date of Birtii | | |
| | | |
| What languages do you sp | peak at home? | |
| | | |
| Where were you born? | | |
| | | |
| Are you Aboriginal or Torr | es Strait Islander? | |
| | | |
| Are you from a rural or rer | mote area? | |
| | | |
| Do you have a family men | nber 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? | |
| , , , , , , , , , , , , , , , , , , , | | |



About YOU

| Tell us a bit about yourself (hobbies, interests etc.) |
|--|
| |
| Why are you interested in joining the Youth Reference Group? |
| |
| What are some skills/ideas you will bring to the Crew? |
| |
| Are you involved in any other clubs (sporting, hobby, leadership, etc.)? How much time does this take up in your schedule? |
| |



Wellness Plan

The term wellness is used to indicate that at **headspace** we view health as more than an absence of illness; wellness is a holistic approach to health – it's about emotional, social and physical health.

| Team Member's Details (name, address, phones, email) | |
|---|--|
| | |
| Who would you like us to contact if we are worried about you or y (Name, phone, relationship to YRG member) | ou need some support? |
| | |
| Things to watch out for and how we can help. (What are some things that might help you to stay well? How can we support you when things are difficult?) | |
| | |
| It is important to realise that a person's state of wellness can impact on their ability to participate in a group like the headspace Gladstone YRG. If this is happening to you, we may ask you to take a break so you can focus on your wellness. This is likely to be a rare event but it is important that everyone understands this. | |
| I,, acknowledge wellness as a ho | |
| Qld's headspace Gladstone program's policy on wellness. I agr correct. | ee that the information I have provided is |
| | nature: |
| | |
| Name of headspace Staff: Sign | iatui 6 |



Personal Development Plan

Skills I would like to develop (up to 10):

There are a number of activities you can take part in at your centre which can help with your own personal development. These can include:

- Organising an event to engage more young people in your youth reference group
- Fundraising alongside your fellow youth reference group members
- Networking at **headspace** community engagement events
- Developing your skills through **headspace** training opportunities



Support Person

What is a support person?

Consider someone that you believe will be able to:

- Support your enrolment if you are to be accepted into the YRG,
- Be an alternate contact point if we cant get in touch with you.

Your support person may be a family member, a friend, a work colleague, youth worker, counsellor, or anyone else that provides you with support and knows you well.

Details

| Name: |
|---|
| Relationship to you: |
| Contact Number: |
| Address: |
| |
| Email: |
| |
| In providing these details to headspace , I understand that the above person may be contacted if headspace is |
| unable to contact me by email or phone, and is concerned about my wellbeing. |
| Name: |
| Signed: |
| Date: |

PHOTO + VIDEO CONSENT FORM



(continued on next page)

The photos and videos may also be used for future **headspace** materials including **headspace.org.au/gladstone**, advertising, posters, brochures, publications, banners and social media i.e. Facebook, Instagram.

Issues to consider:

headspace intends to use the photographs for a long period of time. Therefore it's important to consider that your image may still be being used publicly up to five years from now.

Your image may be used to accompany information about **headspace**, the services **headspace** offers, mental health issues (such as depression and anxiety) or important youth issues (such as exams stress, relationship break-ups, cyber bullying and same-sex attraction). To familiarise yourself with the issues **headspace** is associated with, please visit **headspace.org.au/Gladstone**

While **headspace** has control over the development and production of these activities, it is important to understand that once made public, **headspace** is no longer able to control where or how promotional materials are used.

In signing this form, it is important that you understand that **headspace** cannot be held liable for any unintended consequences as a result of your participation in the marketing activity.

If you agree to the use of your image, name, words or story, please sign the following consent.

| ** | _, agree to the use of my image, name, words or story for the pur- |
|---|---|
| pose of either media or promotional market story will held on file at headspace for five | ting activities for headspace . I understand my image, name, words or years from the date of this form, after which it will be destroyed. I nvolved in this activity as described on the previous page, and I have |
| | my mind about being involved, up until the actual recording or pro- ecording of the media activity or production of the marketing activity and about participating. |
| I understand that my participation in this ac my right to be involved with headspace . | tivity is voluntary and even if I change my mind, it will not impact on |
| - | vill try to protect my interests, once I participate, headspace has no oes to air or how the media or public use the information that I give |
| ** | give permission for headspace to use my image, name, words |
| | promotional marketing activities for headspace |



PHOTO + VIDEO CONSENT FORM-continued

Young Person's Details:

| Full Name (Please print): | |
|---------------------------------|--|
| Date of Birth: | |
| Address: | |
| Signature: | |
| Today's Date | |
| Witness: | |
| Full Name (Please print) | |
| Signature | |
| Today's Date | |
| Parental Consent (If under 18): | |
| Full Name (Please print) | |
| Signature | |
| Today's Date | |

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Consent to Upload Photo to Internet and Social Media

| I, give of pating in activities, whether they be fundraising or rectors in promotional materials for the organisation and Services Limited website and Social Media. | |
|--|---|
| I understand that once posted on a social media site t ers posting and sharing these photos. | he organisation will have no control over other us- |
| | |
| | |
| Print Name | |
| Date of Birth | |
| Cignoture | |