



MercyCare Youth Reference Group Application Form

Personal information

| | |
|---|--|
| Full name | |
| Preferred name | |
| Pronouns | |
| Age | |
| Gender | |
| Address | |
| Suburb | |
| Phone number | |
| Email address | |
| Have you ever been a client of MercyCare or engaged with MercyCare's services? | <input type="checkbox"/> Yes, I am currently connected with MercyCare <input type="checkbox"/> Yes, I have previously been connected with MercyCare <input type="checkbox"/> No <input type="checkbox"/> Not sure |
| What services at MercyCare have you engaged with? | <input type="checkbox"/> Youth and wellbeing services <input type="checkbox"/> Family group homes or out of home care services <input type="checkbox"/> Multicultural services <input type="checkbox"/> Disability Services <input type="checkbox"/> Unsure <input type="checkbox"/> I have not engaged with MercyCare services <input type="checkbox"/> Other _____ |

| | |
|--|---|
| <p>Do any of the following apply to you? <i>You don't have to answer this question; however, we are collecting it to help us choose a diverse team.</i></p> | <input type="checkbox"/> Aboriginal and/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"/> Young parent <input type="checkbox"/> Young carer |
| <p>Do you have any dietary requirements? (If yes, please tell us what they are)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Do you have any accessibility requirements? If yes, please tell us about them. <i>This can include things like needing interpreters, documents in larger/different print, accommodations for sensory needs.</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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, that 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 Reference Group.

Suggestion: You may like to tell us a bit about your connection and experiences with MercyCare and why you're interested in youth engagement.

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.

We want to ensure that our Youth Reference Group members are well supported during this project. 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, community organisations that you are connected with or professional services that you use.

Referee

Please provide the details of one person that we can contact to talk with about your suitability for the role. This can be someone such as a teacher, coach, or 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 Reference 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