

# Youth Advisory Collective Application Form



**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Female  Male

**Do you identify as Aboriginal or Torres Strait Islander?**  No  Yes

**Which country were you born in?** \_\_\_\_\_

**What language/s do you speak at home?** \_\_\_\_\_

**What do you do?** *(Tick as many as needed)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full time school student | <input type="checkbox"/> Working part time/casual | <input type="checkbox"/> Caregiver / Parent |
| <input type="checkbox"/> TAFE student             | <input type="checkbox"/> Working full time        | <input type="checkbox"/> Looking for work   |
| <input type="checkbox"/> University student       | <input type="checkbox"/> Apprentice / Trainee     | <input type="checkbox"/> Other _____        |

**How did you find out about the Youth Advisory Collective?**

- |                                 |  |                                      |
|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Council website | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> School | <input type="checkbox"/> Youth Worker    | <input type="checkbox"/> Other _____ |

**The Youth Advisory Collective meetings are held fortnightly on Wednesdays (5.30pm – 6.30pm) during the school Term. Are you available to attend?**

- Yes  No  Unsure

**Please tell us about any active involvement you've had in your local community** *(such as doing volunteer work, being involved in an action group etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to join the Youth Advisory Collective?** \_\_\_\_\_

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\_\_\_\_\_

**Why would you make a good Youth Advisory Collective member?**

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**What do you think are important issues for young people in the Cockburn area?**

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**PARENT / GUARDIAN CONSENT**

*\*Consent is required for all applicants who are under 18 years of age.*

I give permission for my son / daughter to participate in the Youth Advisory Collective.

I give permission for photographs of my son/daughter to be used in Council promotional material including the Council website, publications and media releases.

Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Phone Number/s: (Mob) \_\_\_\_\_

(Home/Work) \_\_\_\_\_

*Please send your completed form to:*

**Gemma McDonald**  
**Youth Development Officer, City of Cockburn**  
**Email: [gmcDonald@cockburn.wa.gov.au](mailto:gmcDonald@cockburn.wa.gov.au),**  
**Post: PO Box 1215, Bibra Lake DC, WA 6965**