

# YOUTH ADVISORY COMMITTEE

## Membership Application Form



Please email your completed application with your resume to [youthinteract@act.gov.au](mailto:youthinteract@act.gov.au)

Name and address:		
First name:	Middle name:	Last name:
Unit number:	Street number:	Street name:
Street type:	Suburb:	Post code:
Demographic information:		
Date of birth (DDMMYYYY):	Email:	Phone:
Sex: Choose an item.	Gender (please specify):	
Aboriginal and Torres Strait Islander status: Choose an item.	Are you a young carer? Choose an item.	Do you identify as having a disability? <i>(Do you have a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities?)</i> Choose an item.
Country of birth:	Main language spoken at home:	Proficiency in spoken English: Choose an item.
Other relevant questions:		
Can you commit to a 2 year term with monthly engagement? Choose an item.	Have you read the Terms of Reference? Choose an item.	
What do you think are the most important issues affecting young people in the ACT?	Please respond here: (500 words max)	
How do you think you can participate or contribute?	Please respond here: (500 words max)	
What have you done in the past to support change in your community?	Please respond here: (500 words max)	
Do you have membership on any other councils or boards? Are you politically affiliated?	Please respond here: (500 words max)	
What skills do you think you can bring to the Youth Advisory Committee?	Please respond here: (500 words max)	
References		
Name:	Email: Phone:	Relationship to the applicant:
Name:	Email: Phone:	Relationship to the applicant:
Other		
How did you hear about this opportunity?	(please specify)	

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