**SECTION 1: Personal Details of Young Person**

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| Contact Details | | |
| Given Name: | | Surname: |
| Date of Birth: | Age: | Gender: |
| Mobile Number: | | Email: |
| Home Address: Suburb:  Post Code: State: | | |
| Postal Address: (if different from above) Suburb:  Post Code: State: | | |
| Care and Culture Details | | |
| How many years have you been/were you in out of home care? | | |
| What is/was your care arrangement? (e.g. Foster care, Kinship Care, Residential Care) | | |
| What agencies support/supported you whilst in care? | | |
| What culture do you identify with? (e.g. Aboriginal, Torres Straight Islander, African) | | |
| Do you have a medical condition or a disability that may affect your ability to participate?  ☐Yes ☐No  If Yes, is there support that you require? | | |
| Emergency Contact | | |
| Given Name: | | Surname: |
| Contact Number: | | Relationship to you: |

**SECTION 2: Questions for the Young Person**

It is ok to ask for help if you would like support in creating your answers.

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| Questions |
| Why would you be a good member of the group? |
| Are you a member of any other youth advisory or advocacy groups?  ☐Yes ☐No If yes which one?  Have you been part of a team before? (e.g. Sport team, music group, part of a team in a job, school group) ☐Yes ☐No   * If yes, what did you like about it? What was hard? * If no, what do you think will be good about being in a team? |
| If you could make one change to improve the out of home care system, what would it be? |
| If you could change anything (big or small) about the world around you, what would it be? Why do you care about it? |
| Why would you like to be a FACS Youth Consultant? |
| How did you find out about Youth Consult for Change?  Did anyone recommend you to apply? Who? |

**SECTION 3: Contact details of Carer/Legal Guardian and Caseworker** (for under 18yrs)

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| Contact Details of your Carer/Legal Guardian | |
| Given Name: | Surname: |
| Mobile Number: | Email: |
| Contact Details of your Caseworker | |
| Organisation: | |
| Given Name: | Surname: |
| Mobile Number: | Email: |
| Office Address: Suburb:  Post Code: State: | |