**The aim of the Youth Advisory Group (YAG) is to provide young people in the Shire of Dardanup with the opportunity to share their ideas, skills, views and contributions with their communities and Council.**

**Youth Advisory Group expectations:**

* be aged between 12 and 24 years at the age of application
* live in the Shire of Dardanup
* have an interest in wellbeing of young people, youth events and activities, leadership and helping other people in the community
* have the ability to work in a team, respect others and participate in group discussions
* be inclusive of the needs of all young people within the community
* have an ability to think about the big picture
* bring motivation, willingness and commitment to participate on an ongoing basis
* be able to be part of the YAG without it interfering with other important things like school/work/uni/family
* be willing to be actively involved in conversations and contribute to discussions
* be prepared to undertake some training and personal development

**What else is really important?**

* Young people who are Aboriginal and Torres Strait Islanders, culturally and linguistically diverse, people with disability, members of the LGBTIQ+ community.

**Benefits of being involved:**

* Meet other young people passionate about youth wellbeing, services and events
* Develop skills in team building, leadership, organising and advocacy
* Help plan youth activities and projects, and provide input on infrastructure, town planning, service design and development projects

**Your commitment to the YAG:**

The YAG will meet monthly rotating meeting locations between Eaton, Dardanup and Burekup. Young people are invited to attend meetings at any location; however, it is not expected. Extra meetings may be organised by the Place and Community Officer if required.

It is preferred (but not required) you have access to Instagram direct messages to keep in touch with the group between meetings.

**How to get involved:**

There will be no maximum number of youth representatives on the group. If you would like to be involved, people complete the form below and return to:

Shire of Dardanup

Att: Isabel Cody

1 Council Dr

Eaton WA 6232

Or email to [records@dardanup.wa.gov.au](mailto:records@dardanup.wa.gov.au)

Or bring completed form to the first meeting.

If you require assistance in completing the form or would like the form in an alternative format, please contact Isabel on 9724 0392.

**Application form:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Pronouns: | He/him  She/her  Them/they | |
| Date of Birth: |  | Age: |
| Contact Number: | Home: | Mobile: |
| Suburb/town: |  | |
| Email: |  | |
| Cultural Background: | Aboriginal/ Torres Strait Islander/ Both  Other ……………………………………….. | Language Group: |
| What are some of the strengths you will bring to the YAG? | ……………………………………………………………………………………………………    ……………………………………………………………………………………………………    …………………………………………………………………………………………………… | |
| What do you hope to gain from being involved in the YAG? | ……………………………………………………………………………………………………    ……………………………………………………………………………………………………    …………………………………………………………………………………………………… | |
| Medical Information | Please list any known allergies or other medical conditions that we need to be aware of. Please provide additional information if you require treatment; i.e. how many times to administer Ventolin or where to administer epi pen.    ……………………………………………………………………………………………………    …………………………………………………………………………………………………… | |

I declare that I am between 12 and 24 years of age and agree to Youth Advisory Group expectations as listed above**:**

Signed: ............................................. Date: ……………………………………………………

**AUTHORISATION BY PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE)**

Full name: .................................................……….

Relationship: .......................................................

Contact number: ………………………………………………

EMERGENCY CONTACT (DIFFERENT TO THE ABOVE)

Name: ………………………………………………………………

Relationship: ……………………………………………………

Contact number: ………………………………………………

I give permission for ……………………………….. to make their way to and from YAG meetings, events and activities. I will contact the Shire of Dardanup if this changes. (Leave blank if not applicable)

* Yes
* No

I give consent for ………………………………..image to be used by the Shire Dardanup, and authorised third parties, for promotional purposes.

* Yes
* No

I give permission for applicant to participate in the Shire of Dardanup Youth Advisory Group.

Signed: ................................................ Date: …………………………………………………