# **Application Form**

# **Department of Health’s Children and Young People Advisory Group (CYPAG)**

The CYPAG welcomes applications from Tasmanian young people (12-18 years) who bring different experiences and insights. In this form we’ll ask you some questions about yourself and why you would like to join CYPAG.

We particularly encourage applications from:

* Young Tasmanians with experience of using Tasmanian Government health services, such as our public hospitals
* Tasmanian Aboriginal young people
* LGBTIQA+ young people
* Young people with disabilities
* Young carers
* Young Tasmanians with refugee and/or migrant backgrounds
* Young Tasmanians from rural, regional, and remote areas
* Young people with experience of homelessness and out of home care
* Young people from low-income backgrounds

## More information and support

If you have any questions, or would like support to complete your application, you can email the team at csws@health.tas.gov.au and we will reach out to you. We also encourage you to reach out to us if you have questions about the CYPAG and what your role as a CYPAG member will involve. An *Applicant Information Package* and a *Position Description* is also available.

## Consent and Privacy

We collect your responses to this application form in accordance with our privacy policy. We follow the **Privacy Act 1988 (Cth)** and the **Personal Information Protection Act 2004 (Tas)**, which are laws that help protect your privacy. The personal information you give us may be used to assess your application and help us improve our services. We may share non-identifying information around members of the CYPAG e.g. age, Aboriginality. Also, please note, a caregiver/parent must also consent to you applying to join the CYPAG.

1. Do you agree to share your responses with the Child Safety and Wellbeing Service? (Yes/No)
2. Full name
3. Date of birth
4. Phone number
5. E-mail address
6. Address
7. Gender:
* Male
* Female
* Non-binary
* Prefer not to say
* Other
1. Do you have any accessibility requirements?
2. Are you Aboriginal or Torres Strait Islander?

Yes No

## Parent or caregiver contact information

In this section please provide us with your parent or caregiver’s contact information. This will be used for consent or in the case of an emergency.

1. Contact name
2. Contact number
3. Email address
4. Relationship with child/young person

Tell us what you would bring to the CYPAG (to be completed by the young person)

1. Why do you want to join the CYPAG? (max. 300 words)
2. What ideas do you have to make health services better for young Tasmanians? (max. 300 words)
3. What experience and skills would you bring to the CYPAG? (max. 300 words)
4. Tell us how you would work well with the other members of the CYPAG. (max. 200 words)
5. Where did you find out about the CYPAG?
* Parent/Caregiver
* Health Worker
* Youth Worker/Support Worker
* Social Media
* Friend
* Other – please advise:

## Applicant and Parent or Caregiver Consent Declaration

Please read the below consent declaration

* We understand that participation in the CYPAG is voluntary.
* We understand that we may withdraw from the CYPAG at any time without reason or consequences.
* We understand that feedback/ideas/information provided during CYPAG meetings will be used to inform Department of Health activities to improve child safety and wellbeing.
* We consent to receiving information about how feedback is used.
* We understand that while participating in CYPAG we may become aware of confidential information about Department of Health patients, staff or other hospitals/health service matters.

We agree that:

* We will not use or share information concerning patients, staff or other hospital/health service matters to anyone other than authorised Department of Health employees, and within the context of the CYPAG only. We are aware that we may face legal action if we improperly disclose any information relating to patients, staff or other hospital/health service matters.
* We consent to written feedback being used by the Department of Health within resources and communication materials relating to the CYPAG and the work of the Child Safety and Wellbeing Service.
* All feedback received will be handled within existing CSW Service business rules including actioning any safeguarding issues as per usual Departmental processes, including fulfilling Mandatory Reporting obligations.

1. By writing your name above, you, as the parent or caregiver to the young person named in the application form, agree with the consent declaration outlined above.
2. Relationship to young person

Thank you for taking the time to complete the application to join the Child and Young People Advisory Group!

Child Safety and Wellbeing Team