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

**November 2024**

This is the application form to join the Department of Health’s Children and Young People Advisory Group (CYPAG). In this form we’ll ask you some questions about yourself and why you would like to join CYPAG.

The CYPAG welcomes applications from Tasmanian young people (12-18 years) who bring different experiences and insights from their lived experience. We particularly encourage young people from the following communities to apply:

* Young Tasmanians with experience of using Tasmanian Government health services, such as our public hospitals
* Tasmanian Aboriginal 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 and
* LGBTIQA+ young people

## 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. Your responses will only be available to the Child Safety and Wellbeing Service team.

Also, please note, a caregiver/parent must also consent to you submitting an application to join the CYPAG.

1. Do you agree to share your responses with the Child Safety and Wellbeing Service team? (Yes/No)

## About You

We’re going to ask a few questions about you. Your responses to these questions won’t be used to assess your application.

1. Full name
2. Date of birth
3. Phone number
4. E-mail address
5. Address
6. Gender:
* Male
* Female
* Non-binary
* Prefer not to say
* Other
1. Do you have any accessibility requirements?

## Caregiver contact information

In this section please provide us with your 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

In this section you will be asked about why you want to join the CYPAG.

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 Advisory Group. (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 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 photos and 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.
1. By writing your name below, you, as the caregiver to the young person named in the application form, agree with the consent content outlined above.
2. Relationship to young person