|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Northern Territory (NT) Youth Voice Peak Group (YVPG) was established in 2023 to provide student voice on matters of policy development and program delivery to positively influence future education, employment, health and wellbeing outcomes for all young Territorians.  This is an opportunity for young people across the NT to contribute to the policies and programs that affect them, and ensure their voice is represented in decision-making processes.  If you require assistance completing this form or have a preferred alternative method of applying, please contact the Youth Voice and Leadership Advisor on 08 8999 3536 or via [yvpg.doe@education.nt.gov.au](mailto:yvpg.doe@education.nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | |
| Personal details | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  | | | | Given name | | | |  | | | | | | | | | | | | |
| Family name | |  | | | | Preferred name | | | |  | | | | | | | | | | | | |
| Date of birth (DD/MM/YY) and age | |  | | | Preferred pronouns | | | |  | | | | | | Gender (optional) | | |  | | | | |
| Postal address | |  | | | | | | | | | | | | | | | | | | | | |
| Suburb | |  | | | State/Territory | | | | |  | | | | | Post code | | |  | | | | |
| Telephone | |  | | | | Mobile | | | |  | | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | |
| Preferred method of contact | | Text message  Email  Phone call | | | | | | | | | | | | | | | | | | | | |
| Were you born in Australia? | | | | | Y/N | | **Are you an Australian citizen/permanent resident?** | | | | | | | | | | | | Y/N | | | |
| Are you of Aboriginal or Torres Strait Islander descent? | | | | | Y/N | | **Are you from a culturally or linguistically diverse background?** | | | | | | | | | | | | Y/N | | | |
| What is the main language spoken at home? | |  | | | | | **How long have you lived in the NT?** | | | | | | | | | | |  | | | | |
| Do you have any accessibility requirements? | | | | | | | | | | | | | | | | | | | Y/N | | | |
| Emergency Contact/Parent/Guardian Information | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  | | | | Given name | | | | | |  | | | | | | | | | | |
| Family name | |  | | | | Relationship | | | | | |  | | | | | | | | | | |
| Mobile | |  | | | | | | | | | | | | | | | | | | | | |
| Postal address | |  | | | | | | | | | | | | | | | | | | | | |
| Suburb | |  | | | State/Territory | | | | |  | | | | | Post code | | |  | | | | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | |
| Year level and school in 2025 | |  | | | | | | | | | | | | | | | | | | | | |
| Tell us about yourself (interests, hobbies etc.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Why would you be a great addition to the NT YVPG? What are the skills and attributes you could bring to the group? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| What does student voice mean to you? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| What skills would you like to develop if you were a member of the group? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| As a member, how would you represent the views of your peers in your community? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| What is an educational issue or topic you’re passionate about? Or an educational issue you’re passionate about creating change in? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Commitment | | | | | | | | | | | | | | | | | | | | | | |
| In 2025, there will be four face-to face meetings and four online meetings.  2025 face-to- face meeting dates (may be subject to change)   * Term 1 – 26 and 27 Feb (Week 5) * Term 2 – 21 and 22 May (Week 6) * Term 3 – 26 and 27 August (Week 7) * Term 4 – 11 and 12 November (Week 6)   2025 online meeting times (may be subject to change)   * Wednesday, 12 Feb 9.30am-11am * Wednesday, 2 April 9.30am -11am * Wednesday, 11 June 9.30am-11am * Wednesday, 15 October 9.30am-11am | | | | | | | | | | | | | | | | | | | | | | |
| **Are you committed to attend the four face-to-face meetings and four online meetings?** | | | | | | | | | | | | | | | | | | | Y/N | | | |
| **Do you have access to a computer and space to attend online meetings?** | | | | | | | | | | | | | | | | | | | Y/N | | | |
| What are your current commitments (study, work, volunteer etc.) and how would you balance these responsibilities with your role as a member of the youth voice peak group? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about the NT YVPG? (Mark with an X all that apply) | | | | | | | | | | | | | | | | | | | | | | |
| Facebook | | |  | Instagram | | | |  | | | Friend referral | | | | | | | | | | |  |
| School | | |  | Other, please specify | | | |  | | | | | | | | | | | | | | |
| Chaperone for travel | | | | | | | | | | | | | | | | | | | | | | |
| If successful, I understand that in some circumstances, travel will be required to attend meetings. I understand I will need to have a parent/guardian or teacher/school staff member travel with me who will be legally responsible for me. (In certain circumstances, where a chaperone cannot be identified, other arrangements may be made). | | | | | | | | | | | | | | | | | | | | | | |
| Nominated chaperone | |  | | | Relationship | | | | | | | | |  | | | | | | | | |
| **Contact number** | |  | | | **Contact email** | | | | | | | | |  | | | | | | | | |
| I have identified someone from school who can assist with excursion paperwork and approval for me to attend meetings as they occur during school time. | | | | | | | | | | | | | | | | | | | | | | |
| **Nominated school contact** | |  | | | **School contact’s role (e.g. year level coordinator)** | | | | | | | | |  | | | | | | | | |
| **Contact number** | |  | | | **Contact email** | | | | | | | | |  | | | | | | | | |
| Privacy notice | | | | | | | | | | | | | | | | | | | | | | |
| You are providing personal information to the NT DET for the purpose of applying to be a member of the NT DET’s YVPG. Without your personal information, NT DET would be unable to process your application. NT DET will use the information you provide on this form to determine your suitability for a position in the NT YVPG. For more information, visit <https://nt.gov.au/page/copyright-disclaimer-and-privacy> | | | | | | | | | | | | | | | | | | | | | | |
| Consent and signature | | | | | | | | | | | | | | | | | | | | | | |
| I consent to the reasonable disclosure by the Youth Voice and Leadership advisor, NT DET of the following information about me: | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the information I have provided in this application is true and correct to the best of my knowledge | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I agree that if successful, I give permission for the release of information outlined above | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I have identified and spoken with my school contact who can assist me in attending meetings | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I agree that if my application is successful, I am committed to attending all four meetings in person and online (NT DET will pay for any associated travel) | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I have identified and spoken to a chaperone who can travel with me to attend meetings. | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I have attached my talent release form (signed by my parent or guardian if under 18 years of age) | | | | | | | | | | | | | | | | | | | | | Y/N | |
| Please ensure the below form is signed by yourself, and the below sections completed by your guardian and school principal | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s name | |  | | | | | | | | | | | | | | | | | | | | |
| Applicant’s signature | |  | | | | | | | | | | | Date | | |  | | | | | | |
| Parent/guardian’s name | |  | | | | | | | | | | | **Date** | | |  | | | | | | |
| Permission is given for my child to be part of the Youth Voice Peak Group and participate in the online and face to face meetings (outlined on page 3) | | | | | | | | | | | | | | | | | Yes | | | No | | |
| Permission is given for my child to be contacted by the Youth Voice and Leadership on my child’s mobile and email address listed in this application form | | | | | | | | | | | | | | | | | Yes | | | No | | |
| **Parent/guardian’s signature** | |  | | | | | | | | | | | **Date** | | |  | | | | | | |
| Principal’s name | |  | | | | | | | | | | | | | | | | | | | | |
| Permission is given for the applicant to be part of the Youth Voice Peak group and participate in the online and face to face meetings (outlined on page 3) | | | | | | | | | | | | | | | | | Yes | | | No | | |
| **Principal’s signature** | |  | | | | | | | | | | | **Date** | | |  | | | | | | |

Completed applications should be clearly marked ‘Application for the NT Youth Voice Peak Group’ and submitted to the Department of Education and Training by 11.59pm Sunday 1 December 2024 via:  
• Email: [yvpg.doe@education.nt.gov.au](mailto:yvpg.doe@education.nt.gov.au)   
• Post: Attention: Youth Voice and Leadership Advisor, Strategic Engagement Partnerships, GPO Box 4821, Darwin, NT 0801