# Expression of Interest Form

### 2018 LGBTI Advisory Committee

This form is to be completed by the young person interested in taking part in the Advisory Committee.

Any information you provide on this form will remain strictly confidential between the Commissioner’s office and Freedom Centre staff supporting the project, and will be kept securely by the Commissioner for Children and Young People.

### Personal information:

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| Full name (preferred first name & last name): |       |
| Date of birth: |       |
| Preferred pronouns:E.g. They/them, she/her, he/him  |       |
| Are you Aboriginal or Torres Strait Islander? |       |
| Are you from a culturally or linguistically diverse background? If so, from where? |       |
| Do you have a disability? |       |
| Do you have any dietary requirements? |       |

### Personal contact details:

|  |  |
| --- | --- |
| Postal address  | Street:      Suburb:       Postcode:       |
| Phone contact details | Mobile:      Home:       |
| Email: |       |
| Facebook profile name (if you have one):We will create a closed Facebook Group for Advisory Committee members. |       |
| Emergency Contact | Name:      Mobile number:        |

**Interest in becoming part of the Advisory Committee**

Please provide some information about yourself.

**Why are you interested in being on the Advisory Committee in 2018 and what do you think you will bring to the group?**

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**Tell us one thing you think could be changed or improved to help LGBTI children or young people.**

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**Do you have a reference we can contact to provide a reference in support your application? This can be any trusted adult, such as a staff member of an organisation you may have had some involvement with.**

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| --- | --- |
| Name: |       |
| Relationship to you/which organisation they are from: |       |
| Contact (email or phone): |       |

**Please continue over the page**

### Personal background (optional):

#### We understand that you may not be comfortable providing your personal information, however we’re asking the following information so that we can better understand the diversity of our applicants and will help us consider your application.

#### If you are not comfortable completing this section, or would prefer to discuss this over the phone, you can contact Katherine Browne on 6213 2210 or by email at katherine.browne@ccyp.wa.gov.au

#### This sheet of the form will be destroyed after the Advisory Committees are selected or if your application is unsuccessful.

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| --- | --- |
| Gender identity:This refers to the way you define or experience your gender, e.g. male, female, non-binary, queer, unsure, or in any other way that you identify. |       |
| Sexual/romantic identity: This refers to your physical, romantic and/or emotional attraction towards other people, e.g. gay, lesbian, bisexual, queer, pansexual, unsure, or in any other way that you identify  |       |
| Sex assigned at birth: While you might identify differently to this, we are asking this so we know the diversity of trans or gender diverse young people who are involved in the Committee.  |       |
| Are you intersex?Intersex refers to people who are born with sexual anatomy, reproductive organs and/or chromosomes that lie between the stereotypical definitions of male or female. We understand there are many different forms of intersex, but are using this as a general term.  |       |

**IMPORTANT**: **Please provide this completed form together with the Permission Form to Diana Barry via email** **diana.barry@ccyp.wa.gov.au** **or by post to: Diana Barry, Commissioner for Children and Young People, Ground Floor, 1 Alvan St, SUBIACO WA 6008.**