

Become a youth
LEADER

IYAC

IPSWICH YOUTH ADVISORY COUNCIL

*Ambassador
Program*

Application form 2019

For more information contact
Council's Community Engagement Branch
(07) 3810 6285 or youth@ipswich.qld.gov.au

IYAC
IPSWICH YOUTH
ADVISORY COUNCIL



WHAT IS THE IYAC AMBASSADOR PROGRAM?

The IYAC Ambassador Program is a youth engagement initiative for young people aged 12-15. A pathway to the Ipswich Youth Advisory Council (IYAC) program, IYAC Ambassadors will represent young people at a range of community initiatives and learn about leadership, events, project management and community participation.

WHAT'S IN IT FOR ME?

Being a part of the IYAC Ambassador Program allows you to make a real impact in your community, other benefits include:

- Opportunities to volunteer at a range of Council and community events in the City of Ipswich
- Skills development in areas including leadership, problem solving, events management and team work
- Establish positive relationships with other young people, community groups and local services
- Opportunity to be an active member of your local community
- Build your awareness and understanding of life beyond school through real-world interactions.

WHO WE'RE LOOKING FOR:

Ipswich City Council is looking for young people aged 12-15 living in the Ipswich region who are:

- Dedicated, enthusiastic and committed to young people issues which affect and matter to them
- Keen to learn new skills and experience personal development
- Willing to represent the youth of Ipswich and Ipswich City Council at various events and other duties, as required
- Able to listen and respect the views of their peer group.

RESPONSIBILITIES OF IYAC AMBASSADOR PROGRAM MEMBERS:

- All applicants will have to be prepared to commit to the IYAC Ambassador Program for a period of 12 months
- Attend training workshops which will be held outside of school hours on a quarterly basis (at first, but to be determined by members of the IYAC Ambassador Program)
- Participate in regular local community events, forums and activities (both day and night events) on week days, weekends and during school holidays (as required).

HOW TO APPLY:

Submit your application online via ipswich.qld.gov.au/IYAC or complete this print friendly version and return via post to:

Children & Youth Development Officer
Ipswich City Council
PO Box 191
Ipswich QLD 4305

APPLICATION FORM (*Denotes a mandatory field.)

PERSONAL DETAILS*

Full name		Date of birth
What gender best describes you?		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender variant / non-conforming	
Please indicate what cultural background you most identify with.		
<input type="checkbox"/> Australian	<input type="checkbox"/> Australian – Aboriginal	
<input type="checkbox"/> Australian – Torres Strait Islander	<input type="checkbox"/> Australian – Aboriginal and Torres Strait Islander	
<input type="checkbox"/> British	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Fijian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealander	
<input type="checkbox"/> South African	<input type="checkbox"/> Sudanese	
<input type="checkbox"/> Dutch	<input type="checkbox"/> German	
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Other (please detail)		
Do you identify as having a disability? (If YES, please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently studying? (If YES, please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Primary School	Name	
<input type="checkbox"/> Secondary School	Name	
<input type="checkbox"/> Vocational Training	Name	
<input type="checkbox"/> Other (Please specify)		

APPLICANT CONTACT DETAILS*

Address		
Suburb	State	Postcode
Email		
Phone (home)		Phone (mobile)
Preferred contact method		
<input type="checkbox"/> Email	<input type="checkbox"/> Phone (home)	<input type="checkbox"/> Phone (mobile)
<input type="checkbox"/> Address	<input type="checkbox"/> Other (please specify)	

PARENT/GUARDIAN CONTACT DETAILS*

Name of parent/guardian

Relationship to applicant

Parent

Guardian

Email

Phone (home)

Phone (mobile)

SUPPORTING INFORMATION*

Why do you want to be a member of the IYAC Ambassador Program? (max 150 words)

What is your proudest achievement and/or accomplishment? (max 150 words)

In your opinion, what is the biggest issue facing young people in the City of Ipswich? (max 150 words)

How did you hear about the IYAC Ambassador Program?

Facebook

Email

Poster

Ipswich City Council website

Flyer

Newspaper

Secondary school

Other
(please specify)

Word of mouth

Parental Consent *

By ticking this box, I confirm that I am under 18 years of age and have parental consent to submit an application to participate in the IYAC Ambassador Program.

Participation Statement *

By ticking this box, I confirm that I would like to participate in the IYAC Ambassador Program and that the information provided in this application is true and correct. I have carefully read and understand the conditions of entry and am prepared to meet these conditions if selected.

Privacy Statement *

By completing and submitting this form, it is acknowledged that you have given us your consent to manage your personal information in the manner described in Ipswich City Council's full Privacy Statement, Personal Information Digest and this condensed Privacy Statement.

Signature	Date
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