IPSWICH YOUTH ADVISORY COUNCIL APPLICATION FORM

WHAT IS IYAC?

Ipswich Youth Advisory Council (IYAC) comprises young people aged between 13-18 years who come together to have a voice for raising issues and sharing ideas that affect young people.

WHAT ARE THE AIMS OF IYAC?

- Increase civic participation by our youth community
- Develop young people's knowledge of the issues that affect them at a Federal, State, and Local Government level
- Provide an opportunity to work collaboratively in a team with other young people to affect real change
- Provide a voice for young people in relation to council issues, strategies and plans
- Establish strong connections with the Ipswich City Council and elected officials
- Extend the leadership potential of young people in Ipswich through collaboratively learning
- Provide an increased understanding of community issues, planning, policy and decision-making processes to young people.

The IYAC team meets monthly, with members serving an initial one-year term and can seek reappointment for a subsequent term.

WHAT IS INVOLVED AND WHAT ARE THE REOUIREMENTS?

The IYAC program involves:

- up to 10 meetings throughout the year (face to face and online)
- engaging in between meetings on the online forum, Shape Your Ipswich (participation optional)
- Must be able to attend 7 of the 10 meetings.

WHO CAN BE AN IYAC MEMBER?

Ipswich City Council welcomes Ipswich young people between the age of 13-18 years who attend school in lpswich and are eager to make a positive difference in their local community.

HOW TO APPLY:

Submit an online application at Ipswich.qld.gov.au/IYAC or complete a print friendly version and return it via post to:

Community Development Team **Ipswich City Council** PO Box 191 Ipswich QLD 4305











IPSWICH CITY COUNCIL Ipswich Youth Advisory Council (IYAC) Application Form 2025

PERSONAL DETAILS							
Full name				Date of birth			
Pronouns	She/her	He/him	They/them	Other (please spec	:ify)		
Nationality	Australian	Australian – Aboriginal		Australian – Torres Strait Islander			
	Australian – Aboriginal and Torres St		Strait Islander	British	Chinese		
	Dutch	Fijian	Filipino	German	Indian		
	New Zealande	er	Samoan	South African	Sudanese		
	Vietnamese Other (please specify)						
Current school (we encourage all people who are home-schooled to apply)							
CONTACT DETAILS							
Address							
Suburb			State/Territory		Postcode		
Email				Phone number			
As we will be using a Microsoft Teams channel for communications, please include your school email address							
EMERGENCY	CONTACT DETAIL	LS					
Full name			Relation	nship to applicant			
Email	Phone number						
Preferred contact method Phone Email Mail							

SUPPORTING INFORMATION						
Please provide a response to the following questions to support your nomination to IYAC. Your response can be submitted as a 1 minute long video (provided on a USB) or written in the below space.						
Why would you like to join IYAC?						
What would you like to achieve through your involvement with IYAC over the next 12 months and which council area are you most interested in engaging with?						
MEDIA CONSENT						
By ticket this box, I confirm that I have read the Media Consent Form to submit an application for my young person to participate in Ipswich Youth Advisory Council (IYAC).						
PRIVACY STATEMENT						
By completing and submitting this form, it is acknowledged that you have given us your consent to manage manage yours and your young persons personal information in the manner described in Ipswich City Council's full Privacy Statement , Personal Information Digest this condensed Privacy Statement, and the Shape Your Ipswich Privacy Statement .						
I have read and agree to the Privacy Statement						
Parent/guardians name						
Parent/guardians signature		Date				