**Strong Spirit Strong Mind Metro Project**

**Aboriginal Youth Reference Group**

**About the project**

The Strong Spirit Strong Mind Metro Project aims to reduce the impact of alcohol and other drug (AOD) issues among Aboriginal young people, their families and communities in the Perth metropolitan area.

The project also encourages Aboriginal young people, their families and communities to lead healthier lifestyles by promoting healthier life choices, healthier environments and creating safer communities.

The key project outcomes are to:

* Increase Aboriginal young people’s awareness of the harms associated with AOD use;
* Prevent and delay the early uptake of AOD use among Aboriginal young people.
* Increase Aboriginal young people’s awareness of available AOD support services and resources;

**Strong Spirit Strong Mind Aboriginal Youth Reference Group**

The SSSM Metro Project team is seeking to form an Aboriginal Youth Reference Groups (AYRG), made of members who are:

* Of Aboriginal and/or Torres Strait Islander descent
* Aged 12-25 years
* Living in the Perth Metro area
* Interested in having their say about what programs and activities for Aboriginal young people should look like.

The AYRG members will provide guidance and advice to the SSSM Metro Project team to ensure the project is suitable and meet the needs of Aboriginal young people.

**Role of ARG members**

As a member of the group you will:

* Attend quarterly SSSM Metro Project Aboriginal Youth Reference Group meetings
* Provide feedback and insight on AOD issues and project materials.
* Share materials produced by the SSSM Metro Project team with community networks

**Aboriginal Youth Reference Group**

**Registration Form**

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| --- |
| PERSONAL DETAILS  |
| Family Name: | **First Name:** |
| Date of Birth: |  |
| Address: |
| Suburb/Post Code: | **Mobile:** |
| Work Phone: |  |
| Email:  |

|  |
| --- |
| EMERGENCY DETAILS OR FAMILY CONTACT  |
| Name  |
| Address: |
| Relationship: | **Mobile:** |
| Contact no. (Home):  |  |

Please provide:

1. Do you have any allergies or medical conditions? Yes No

If yes, please provide details:

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1. Do you have any dietary requirements? Yes No

If yes, please provide details:

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1. In case of an emergency do you provide permission to seek medical attention? (please circle) Yes No

I understand the role and responsibilities of the SSSM Metro Project Aboriginal Youth Reference Group and am interested in becoming a member.

Participant’s signature: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18, Parent/Guardian permission is required.**

I give permission for my child to take part in the Strong Spirit Strong Mind Metro Project’s Aboriginal Youth Reference Group.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed applications to:**

Taneisha Hansen

Senior Project Officer

Strong Spirit Strong Mind Metro Project

1 Nash Street Perth, Western Australia, 6000

sssmyp@mhc.wa.gov.au

If you have any questions please contact Taneisha Hansen via the above email or phone at 6553 0355.