

Queensland Youth Cancer Service Youth Advisory Group



Expression of interest

Position title: Youth Advisory Group Member
Accountability: QYCS Steering Committee
Support: This is a voluntary position supported by the Queensland Youth Cancer Service Central team

Help us provide better care and treatment for cancer patients.

Your details

Name: _____
 Date of birth: _____
 Gender: _____
 Address: _____
 Suburb: _____
 Postcode: _____
 Phone: _____
 Mobile: _____
 Email: _____

So we can support you best, do you have any special needs?
 Yes No Rather not say

Are you from a culturally and/or linguistically diverse background?
 Yes No Rather not say
 If yes, please specify:

Are you from an Aboriginal or Torres Strait Islander background?
 Yes No

Do you identify as a:
 Patient Sibling Partner

Do you have any dietary requirements?
 Yes No
 If yes, please specify:

Emergency contact details

Name: _____
 Relationship: _____
 Phone: _____

Education and employment

(To help us plan meetings)

Are you currently employed?
 Yes No

If yes, are you working:
 Full time Part time Casual

Occupation:

Are you currently studying?
 Yes No

If yes, where are you studying?
 High school
 TAFE
 Apprenticeship
 University
 Other: _____

What are you studying?



More information

Please tell us briefly about your cancer experience:

Please tell us briefly why you would like to be part of the Queensland Youth Cancer Service Youth Advisory Group:

Please outline any current community activities, hobbies, interests, studies and other experiences you feel are relevant to this role:

Please outline any training or education you believe would help you in your role with the Youth Advisory Group:

Thank you for completing this expression of interest. Please email your completed form to:

QYCS_YouthAdvisory@health.qld.gov.au

We will be in touch with you soon.

Contact us

Queensland Youth Cancer Service

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T: (07) 3068 4951

Queensland Children's Hospital

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www.childrens.health.qld.gov.au
www.facebook.com/childrenshealthqld