

WEST COAST YOUTH ADVISORY COUNCIL (YAC) APPLICATION FORM

Applicant Details

Full Name: _____

Date of Birth: ___/___/___

Gender: [] Male [] Female [] Non-binary [] Prefer not to say

Address: _____

Town: _____

Post Code: _____

Email Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

School Information:

School Name: _____

Grade/Year: _____

Year Advisor/ Teacher's Name: _____

Interests and Activities:

Please list any extracurricular activities or hobbies you are involved in:

Why are you interested in joining the Youth Advisory Council (YAC)?

What skills or qualities do you believe you can bring to the YAC?

Availability:

Are you able to commit to attending the monthly YAC meetings and participating in other YAC activities? (Monthly meetings with Council will be generally on the last Tuesday of each month).

Yes No

References:

Please provide the names and contact information of two references (e.g., teachers, community leaders, mentors) who can speak to your character and abilities.

1. Reference Name: _____

Phone Number: _____

Email Address: _____

2. Reference Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Consent:

I, the undersigned parent or guardian of the applicant, hereby give my consent for them to apply for the Youth Advisory Council and acknowledge that I am aware of the commitments and responsibilities involved.

Parent/Guardian Signature: _____

Date: ___/___/___

Applicant's Signature:

I, the undersigned applicant, certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: ____/____/____

Please return this completed application to West Coast Council reception staff care of: 11 Sticht St Queenstown 7467, or please send via email to growthandchange@westcoast.tas.gov.au

The collection of your personal details is for office use only. Please ensure to protect your personal information and only submit this document to us by the methods listed above.

WEST COAST COUNCIL YOUTH ADVISORY COUNCIL PHOTO/VIDEO RELEASE FORM

Personal Details:

Full Name of Participant: _____

Date of Birth: ____/____/____

Parent/Guardian (if participant is under 18): _____

Parent/Guardian Address:

Phone Number: _____

Email Address: _____

Photo Consent:

I, the undersigned, hereby grant permission to West Coast Council and its authorised representatives to take photographs and/or video recordings of me (or my child, if I am the parent/guardian) during West Coast Youth Advisory Council (WCYAC) events, activities, and meetings.

I understand that these photographs and/or video recordings may be used for the following purposes related to the operation of the Youth Advisory Council:

- Promotional materials (including but not limited to brochures, flyers, and posters)
- West Coast Council website and/or social media platform posts
- Newsletters and other publications
- Presentations and reports

I also understand that these photographs and/or video recordings may be used without further notification and that I will not be compensated for their use.

Participation in the WCYAC to engage in West Coast Council meetings will be via the Microsoft Teams application or similar secure video conferencing platforms. Participating in such meetings mean that members of the youth advisory council will be videoed and visible to other WCYAC members and Councillors. This photo release also applies to this means of engagement and media recording.

Secure media storage:

Confidentiality and privacy are of paramount importance to West Coast Council. All media files, such as photos and videos that containing imagery of WCYAC members will be protected from unauthorized access and subject to Council's privacy policies and measures to ensure that only authorized individuals can view or manage these files if required.

Withdrawal of Consent:

I understand that I have the right to withdraw this consent at any time by providing written notice to West Coast Council. If I choose to withdraw my consent, I understand that it will only apply to future use of photographs and/or video recordings and will not affect any photographs and/or video recordings that may have already been used.

To withdraw consent to this agreement, please either write to Growth and Change team, 11 Sticht St Queenstown, 7467 or email the Growth and Change team at growthandchange@westcoast.tas.gov.au

Release and Waiver:

I hereby release and discharge the West Coast Council, its representatives, and any third parties acting under its authority from any liability for any claims, demands, or causes of action arising out of the use of these photographs and/or video recordings.

I have read and understood the terms of this photo release form and voluntarily agree to its terms.

Participant's Signature (if 18 or older): _____

Parent/Guardian Signature (if participant is under 18): _____

Date: ____/____/____