Gladstone Region Youth Council Engagement Application Form

The Gladstone Region Youth Council acts as a formal advisory committee to Council on youth related matters within the Gladstone Region.

Members are aged between 15 and 24 years and reside in the Gladstone Region.

The Youth Council's annual term is aligned with the Queensland school year, notionally February to December.

Youth Council members meet on the first and third Monday of the month. Members serve an initial one-year term and can seek reappointment for a subsequent term. External organisations can consult with Youth Council members and gain feedback on youth related topics that could provide capacity building opportunities within their organisation and the community.

Where a person or other body wishes to consult or seek input from the Youth Council on a matter, a formal request must be lodged with Council which includes a briefing note. Officers will assess the relevance and appropriateness of the request in consultation with the Youth Council. Council Officers will be the decision makers on whether the request is granted or refused.

If you wish to progress your engagement, please complete the form below and submit to cas@gladstone.qld.gov.au or in person at 142 Goondoon Street, Gladstone, QLD, 4680.

Should you need any further information please call Gladstone Regional Council's Community Engagement Centre - 07 4976 6300

Gladstone Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of applying to join the Gladstone Region Youth Council. You are providing personal information which will be used for the purpose of assessing your Youth Council Engagement Application, delivering services and carrying out Council business. Your personal information may be provided to the Youth Council, their school and their parent/guardian. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission, or the disclosure is required by law.



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Organisation Name	
(if applicable)	
Speaker/s Name &	
Position/s	
Email Address	
Lillali Address	
Phone number	
(mobile preferred)	
(mobile prejerreu)	
Purpose of Presentation:	
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Dranged Outcome/s	
Proposed Outcome/s	
Sought:	
Proposed meeting	
attendance date/s	
Does the person/s	
presenting hold a Blue	
Card?	
Cardr	
Other Relevant	
Information/ Background:	
	1