



Aboriginal
Health Council
of Western Australia
YOUTH



AHCWA Youth Committee

Expression of Interest Form

Name:

Date of Birth:

Occupation:

Organisation:

Gender: Female Male Other Prefer not to say

Region you are representing: *(Please tick the appropriate box)*

Perth-Metro Pilbara

South-West Kimberley

Goldfields Central Desert

Gascoyne

What relevant work experience do you have?

How have you supported your community and/or the broader Aboriginal and Torres Strait Islander people?

How do you think being a part of the Youth Committee can make a difference to yourself and your community?

Brief summary about you! (hobbies, likes, family etc)

I have read and agreed to abide to the Terms of Reference

Yes No

Employer Name:

Employer Signature:

Your Signature:



**Aboriginal
Health Council
of Western Australia**

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