**Expression of Interest**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Date of Birth:** |  | | |
| **Address:** |  | | | | |
| **Town:** |  | **Postcode:** |  | | |
| **Mobile:** |  | **Email:** |  | | |
| **Occupation/Current Level of Study:** | |  | | | |
| **Why would you like to be a part of the inaugural North Central LLEN Youth Advisory Council?** | | | | |
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| **What skills and qualities do you think you could bring to the North Central LLEN Youth Advisory Council?** | | | | |
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| **What do you think are some of the biggest issues currently facing rural youth?** | | | | |
|  | | | | |
| **What do you hope to get from being involved in the North Central LLEN Youth Advisory Council?** | | | | |
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**Email completed Expression of Interest to** [**ncllen@ncllen.org.au**](ncllen@ncllen.org.au) **by Sunday 25 October 2020**