**Youth Friendly Communication Consultation Brief**

North Sydney Youth Health Promotion employs a team of local young people aged 15-24 as Youth Consultants (YCs). Part of their role is to support Northern Sydney youth services to improve their ability to reach, attract, engage and retain young people. This may be achieved via a face-to-face consultation with you and our YCs or we may independently review your project / resource and provide a report with YC feedback.

Understanding the who, what, where, when and why of your project/ resource allows our YCs to provide the best possible feedback and advice. Therefore to assist this process we ask that you complete all applicable fields with as much detail as possible.

**Instructions:**

1. Please complete this form electronically by typing into each field
2. Save this form as a word document and send to
NSLHD-YouthHealthPromotion@health.nsw.gov.au
3. Include a draft version of your communication in the email if available.

An email confirming receipt of your brief, and the next steps, will be sent within five working days.

|  |
| --- |
| **Service Details** |
| **Service Name** | Click here to enter text. |
| **Street Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **Key Contact**  | Click here to enter text. |
| **Contact’s Position** | Click here to enter text. |
| **Phone**  | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |
| **Date** | Click here to enter a date.  |
| **Which best represents your service? Click any that apply** |[ ]  Youth Specific Service |[ ]  Non-Youth Specific Service |
|  |[ ]  NSW Health / State Funded |[ ]  Non-Government Organisation |
|  |[ ]  Private Practice |[ ]  Council |
|  |[ ]  Justice |[ ]  Education |
|  |[ ]  NSLHD Service |[ ]  OtherClick here to enter text. |

|  |
| --- |
| **General** |
| **How did you hear about us?** | Click here to enter text. |
| **Reporting**By using the YHC service, do you agree to forward the end-product to the YHC team and complete a short service quality feedback form? | Click here to enter text. |

|  |
| --- |
| **Project / Resource** |
| **Project Title**Name or description | Click here to enter text. |
| **Project Overview**What’s the big picture? How has the need for this project / resource come about? | Click here to enter text. |
| **Project Objectives**What does success of this project / resource look like to you?  | Click here to enter text. |
| **Communication Type**Which best describes your resource? |[ ]  Brochure |[ ]  Flyer |[ ]  Poster |[ ]  Banner |
|  |[ ]  Social media  |[ ]  Website / Webpage |[ ]  Copy / Information |[ ]  Event Material |
|  |[ ]  Other Click here to enter text. |
| **Target Market**Who are you trying to engage?  | Click here to enter text. |
| **Key Message**Key message you want young people to take home  | Click here to enter text. |
| **Call to Action**What do you want your audience to think, feel and do after seeing your communication | Click here to enter text. |
| **Dissemination Strategies**How will young people receive or see this resource?  | Click here to enter text. |
| **Similar Resources**Does anything similar already exist?  | Click here to enter text. |
| **Design Support**Have you engaged Graphic Design or Communications support? | Click here to enter text. |
| **Timeline**When are you hoping to complete this project?  | Click here to enter text. |
| **Current Status**What stage are you seeking YC feedback?  |[ ]  Planning phase |[ ]  Draft version |[ ]  Final version or existing resource |
| **Objective of Consultation** What are you hoping to get out of the YC service? | Click here to enter text. |
| **Where should we focus our review?** Tick all that apply |[ ]  Graphic Design |[ ]  Copy / text |[ ]  Layout / formatting |[ ]  Appropriate-ness (youth) |
|  |[ ]  Is it clear? |[ ]  Functionality |[ ]  Images |[ ]  Usefulness |
|  |[ ]  Other Click here to enter text. |