**Youth Friendly Service 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 communication with young people.

Understanding the who, what, where, when and why of your service will best prepare our YCs when visiting your service. Therefore to assist this process we ask that you complete this brief 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](mailto:NSLHD-YouthHealthPromotion@health.nsw.gov.au)

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

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| **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 |  | Private-Public Partnership |
|  | NSLHD Service |  | Other  Click here to enter text. |

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

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| **Service** | |
| **Who** | |
| What age group(s) do you cater to? | Click here to enter text. |
| Does your service prioritise any groups of young people? If so, please list | Click here to enter text. |
| **What** | |
| What services do you provide to young people? | Click here to enter text. |
| What is the reach of your service to young people? | Click here to enter text. |
| **Where** | |
| What areas of NSW do you provide services to? | Click here to enter text. |
| **When** | |
| What days/times are you open? | Click here to enter text. |
| Do you provide flexible times outside of office hours? | Click here to enter text. |
| Do you cater to drop-ins? | Click here to enter text. |
| **Why** | |
| Why would you like a Youth Friendly Consultation? | Click here to enter text. |

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| **Youth Consultant visit to your service** | |
| ***Please refer to our Youth Friendly Process.*** | |
| **Please advise any preferred visit dates, days and/or times?** | Click here to enter text. |
| **Are you happy for the YCs to hold a discussion with staff?** | Click here to enter text. |
| **Are you happy to promote and encourage young people to complete a consumer survey?** | Click here to enter text. |
| **If you have a deadline you want the consultation completed by, please advise.** | Click here to enter text. |