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| Ipswich and Brisbane West Youth ParliamentParticipant details form |
| School |
| School name |  |
| Contact person |  |
| Mobile number |  |
| Email |  |
| Students (including observers)  |
| First name | Last name | Youth Parliament participant or observer  | Dietary requirements | Accessibility requirements  | Photo consent form attached\* |
|  |  | Choose an item. | Choose an item.Choose an item. | Choose an item. | [ ]  |
|  |  | Choose an item. | Choose an item.Choose an item. | Choose an item. | [ ]  |
|  |  | Choose an item. | Choose an item.Choose an item. | Choose an item. | [ ]  |
|  |  | Choose an item. | Choose an item.Choose an item. | Choose an item. | [ ]  |
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|  |  | Choose an item. | Choose an item.Choose an item. | Choose an item. | [ ]  |
|  Staff  |
|  First name | Last name | Dietary requirements | Accessibility requirements  | Photo consent form attached\* |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  |

Send completed form to by COB 12 September 2025—

Parliamentary.Education@parliament.qld.gov.au