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| Ipswich and Brisbane West Youth Parliament  Participant 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. | |  |
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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. |  | |
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Send completed form to by COB 12 September 2025—

Parliamentary.Education@parliament.qld.gov.au