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|  |
| **School Details** |
| School name |  |
| Contact Person |  |
| Phone number |  |
| Email |  |
| **Student Details** (participant names) |
| **First Name** | **Surname** | Dietary Requirements | Accessibility  | **Photo consent form attached\*** | ***Office use only*** |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
| **Teacher/Supervisor Details**  |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
|  |  | Choose an item.Choose an item. | Choose an item. | [ ]  | □ Yes □ No |
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| Number of students attending the Youth Parliament as **observers**\* |  |
| Number of **parents/carers** attending Youth Parliament on 24 July 2025 |  |
| \*A photo consent form for each student and teacher attending must accompany this form.**PLEASE NOTE:** **Names of** **all adults** (and students not in school uniform) must be submitted **one week prior** to the youth parliament. |

**Send completed form to**

firstpeoples.liaison@parliament.qld.gov.au

**Contact Details**

Peter Yagmoor

First Peoples Liaison Officer

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