

# FEDERATION OF INTEGRATED YOUTH SERVICES NETWORKS (FIYSN)

## Application for FIYSN Youth & Family Communications Advisories 2024

Please see 1-pager for more information about the advisories.

2 youth per province/territory will be selected for the Youth Communications Advisory

1 family member/caregiver per province/territory will be selected for the Family Communications Advisory

Please respond to the questions below and return via email to [youthhubs@unitedwaywinnipeg.ca](mailto:youthhubs@unitedwaywinnipeg.ca) by Monday, July 8.

Name	Pronouns
Please check one	
I am applying for the Youth Communications Advisory	Age (if applying as a Youth)
I am applying for the Family Communications Advisory	
Phone Number	Email
Full mailing address (including postal code)	

Do you have lived/living experience (or does your young person have lived/living experience) accessing health and/or social services?	Yes	No				
<i>(Please note that the Youth and Family Advisories are not support groups)</i>						
Are you currently involved with the IYS initiative in your province/territory?	Yes	No				
If yes, tell us about your experience with IYS						
What communications and/or social media skills could you bring to this role?						
On a scale of 1 to 5, what is your comfort level in sharing your opinions (virtually)?						
Not Comfortable	1	2	3	4	5	Very Comfortable

How did you hear about this opportunity?

Meetings will be hosted virtually and will require you to have access to a laptop, computer, phone, tablet/iPad, etc. Please let us know below if you anticipate any technology barriers so that we can work together to come up with a solution.

Honoraria will be provided as direct deposits. If this is not an accessible format, please let us know in the space below so that we can work together to come up with a solution.

Is there anything else you would like us to know?

*If you have any questions about the application process, or if you require any accommodations to make the process more accessible to you, please reach out to [youthhubs@unitedwaywinnipeg.ca](mailto:youthhubs@unitedwaywinnipeg.ca)*

## Confidentiality Assurance for Youth and Family Member/Caregiver Participants

As a participant in the Youth or Family Communications Advisory, FIYSN acknowledges and understands the information you share may be based on your experience(s) – including that of accessing health and/or social services in your province or territory.

FIYSN will ensure any and all information you choose to share through the Youth or Family Communications Advisory will be collected, stored, and utilized in a confidential manner. At no time will any specific comments be attributed to any individual unless specific agreement has been obtained beforehand. All documentation will be kept strictly confidential.

This includes:

- Information collected in any and all ways
- Not disclosing any identifying information received through the advisories to individuals outside of FIYSN
- Only utilizing information received through the advisories (anything else is considered out of scope)

Additionally, throughout this process, FIYSN may video or audio record individual and/or group discussions. This is to ensure all input is captured and can be re-visited at a later time. The same confidentiality terms outlined above apply to these audio and video recordings.

While FIYSN will maintain your confidentiality, we cannot promise this on behalf of other participants. We request that all participants respect the confidential nature of the advisories, and not share identifying information with others.

**Participation:** Note that you are not required to participate in either the Youth or Family Communications Advisory. By signing this form you indicate that you have read and understand the information above and give your free and informed consent to participate.

If you have any questions about this document, please reach out to [info@iys-sij.ca](mailto:info@iys-sij.ca). Should you decide to cease your participation in the Youth or Family Communications Advisory, please contact us immediately.

\_\_\_ I confirm having read and understood the confidentiality terms and conditions, as well as the audio and video recording terms and conditions above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
First and Last Name (Printed)

\_\_\_\_\_  
Date

If you are under 16, please also have a parent/guardian sign below:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
First and Last Name (Printed)

\_\_\_\_\_  
Date