

Application for post of: Youth Advisory Board Member

Names (full)

Birth:

Chosen:

Pronouns:

DOB:

Address:

Contact number:

Email:

Any disabilities/medical conditions:

Emergency contact details

Name:

Relationship:

Number:

Email:

How did you hear about this position?

Why are you interested in being a member on our youth advisory board?

What are you hoping to gain from being a member?

Summary of experience: *Please tell us about yourself and what you feel you can offer this group. Any previous experience or extra curricular that may be relevant to the role.*

Media consent:

“I agree and consent to being added into a whatsapp group”

Young person signature:

Parent/carer signature (if applicable- under 18):

Parental consent (if applicable- under 18)

Parent name:

Consent given for child to apply for this role and participate in the lowdowns youth advisory board: Yes/No

Date:

Signature:

Keeping your details confidential

We need to keep the information you give us in this form. We will not share the information with anyone else without getting your permission first.

By ticking this box you are giving us permission to store this information on file, and on computer

1. Declaration

I can confirm that to the best of my knowledge the above information is correct. I accept that providing false information could result in no longer participating on the board.

Signed:

Date:

Please return your completed application to:

Rebecca Kings - Participation and Wellbeing Coordinator

wellbeingservice@thelowdownnorthampton.co.uk