

**GenerationR Liverpool
Young Persons' Advisory Group**

Application Form

Please complete all the information on this form and return it to [name]. All personal information will be kept securely, and your application will not be seen by anyone who is not going to be working with the group. Alternatively, email [contact details]

Personal Details

First name:

Surname:

Address:

Home telephone number:

Mobile number:

Email:

Date of birth:

Are you: Male: Female: *(please tick)*

Please tick the box below that best describes your ethnic origin:

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	White & Black	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other White background <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
	White and Asian <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		
	Other Mixed background <input type="checkbox"/>			

About you

Looking at the information we've given you on the young persons' group, can you tell us why you are interested in becoming a member?

What skills, experience, and interests would you bring to the group?

Is there anything that the group will be doing that you are particularly interested in doing and/or learning more about?

What help and support do you think you and/or other young people in the group will need from the adults who are working with the group?

Consent

- I have read the information and understand what the group is about.

Yes No

- I understand that if I am accepted as a member of the group I will need to come to at least 8/10 meetings, as well as other events or activities.

Yes No

DECLARATION: I would like to be part of the Young Person's Advisory Group

Signature: _____

If you are under 16 please get a parent/guardian to complete the boxes below:

Please sign and print name below to confirm that you consent to the above-named person becoming a member of this group and have checked and confirmed the correctness of the information provided above.

Signed	
Print Name	
Relationship to person seeking consent	
Date	

Please send this form to:
[name]
[title of contact and organisation]

[Address]

Or email [contact details]

If your application is successful, then we will contact you as soon as possible with further details.

THANK YOU!