**Youth Advisory Group Expression of Interest Form**

**Please ensure you have completed all sections of the form:**

1. **Expression of Interest**
2. **Equality Diversity and Inclusion Monitoring**
3. **Emergency Contact**
4. **Expression of interest: PERSONAL DETAILS**

|  |  |
| --- | --- |
| Full Name: |  |
| Preferred Name (known as): |  |
| Date of Birth:  |  |
| Address: |  |
| E-mail Address: |  |
| Telephone:  Home: Mobile: |  |
|  |
| **Please note: To join the West Yorkshire Youth Advisory Group, you must live, work or study in West Yorkshire** |
| **Can you give an example of when you have demonstrated good communication?***This could be written, verbal, in groups and by yourself. The Youth Advisory Group regularly work through tasks as a group at the meetings, are asked to consider questions and present their thoughts and ideas the group.*  |
| **What would you bring to the group?***How will you communicate the views of young people? Are you confident in speaking to the Mayor/Deputy Mayor and the Police about issues which affect young people?* |

On joining the group, it would be really good to understand what Policing, Crime and Community Safety issues matter to you most. Please choose 5 from the list below, numbering them 1-5 where one is most important and 5 is least important. There is also space for you to tell us about any other issues not included on the list.

* Safeguarding children and vulnerable adults
* Serious organised crime
* Violent crime (knife crime, gang crime?)
* Anti-social behaviour
* Child safety
* Stop and Search/ Use of Force
* Improving relationships (Police trust and confidence)
* Keeping Women and Girls Safe
* Early Intervention and Prevention - Youth activities and preventing re-offending
* Cybercrime (online safety)
* Mental health
* Hate crime
* Drugs and Alcohol

**Any other issues:**

**………………………………………………………………………………………………………………………………………………………………………………**

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| **Please tell us why you would like to be part of the Advisory group?** |

**DECLARATION**

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| For you to sign:I certify the information on this form is accurate.Signed:      Date:       |
| Parental Consent:I agree to my dependent/son/daughter taking part in all the activities associated with the Youth Advisory Group.Signed:      Date:       |

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| Please return your completed registration form and the below monitoring form to consultation.pc@westyorks-ca.gov.ukor print a copy and return to:Policing and Crime Engagement TeamWest Yorkshire Combined AuthorityWellington House40-50 Wellington StreetLeedsLS1 2DE To view our privacy statement, please visit our website via the link: [Privacy Policy - Combined Authority | Unlocking potential, accelerating growth (westyorks-ca.gov.uk)](https://www.westyorks-ca.gov.uk/policing-and-crime/privacy-policy/) |

1. **Supporting Equality, Diversity and Inclusion - Monitoring Form**

Please help us to ensure that our engagement reflects the diverse communities that make up West Yorkshire.

This information will be treated in the strictest confidence and will only be used for monitoring purpose.

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| --- |
| **What is your age**13-16🗆16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆 |
| **What best describes your gender**Female 🗆 Male 🗆 Non-binary 🗆 Prefer not to say 🗆 Prefer to self-describe 🗆 ………………………..…………. |
| **What is your ethnicity?*****Asian/Asian British***Bangladeshi 🗆 Chinese 🗆 Indian  Pakistani 🗆 Pilipino 🗆 Shia Afghan 🗆 Shia Syrian 🗆 Sunni Afghan  Sunni Syrian 🗆 Vietnamese 🗆 Prefer not to say 🗆 Any other Asian background, please write in: \_\_\_\_\_\_\_\_\_ ***Black/ African/ Caribbean/ Black British***African 🗆 Caribbean 🗆 Congolese 🗆 Eritrean 🗆 Italian African 🗆 Kenyan 🗆 Nigerian 🗆 Portuguese African 🗆 Somalian 🗆 Sudanese 🗆 Zimbabwean 🗆 Prefer not to say 🗆 Any other Black/African/Caribbean background, please write in: \_\_\_\_\_\_\_\_\_***Mixed/multiple ethnic groups***White and Asian 🗆 White and Black African 🗆 White and Black Caribbean 🗆Prefer not to say 🗆 Any other mixed background, please write in: \_\_\_\_\_\_\_\_\_***White***White – British 🗆 White - Irish 🗆 Prefer not to say 🗆 Any other White background, please write in: \_\_\_\_\_\_\_\_\_***Other ethnic group***Arab 🗆 Lebanese 🗆 Kurdish 🗆 Prefer not to say 🗆 Any other ethnic group, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is your sexual orientation?**Heterosexual 🗆 Gay /lesbian 🗆 Bisexual 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………………………… |
| **Do you consider yourself to have a disability or health condition?** Yes🗆 No 🗆 Prefer not to say 🗆 |
| **What is your religion or belief?**No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Preferred Language:****Please write this in here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Mother Tongue Language:****Please write in here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Prefer not to say 🗆  |

1. **Emergency contact and helpful information form**

**The Youth Advisory Group is a voluntary group for young people to meet and share their views on Policing and Crime. To support you in carrying out this role, we would like to gain some additional information from you.**

|  |  |
| --- | --- |
| **Emergency Contact (Primary)** | **Emergency Contact (Secondary)** |
| **First name:** |  | **First name:** |  |
| **Second name:** |  | **Second name:** |  |
| **Relationship to you:** |  | **Relationship to you:** |  |
| **Number:** |  | **Number:** |  |
| **Email:** |  | **Email:** |  |
| **Address:****Postcode:****Town/City:** |  | **Address:****Postcode:** **Town/City:** |  |

**Helpful information**

We work hard to ensure the group is inclusive and we want to understand any help or additional support you may need. You can tell us about your needs by contacting us at consultation.PC@westyorks-ca.gov.uk or in the box below.

We provide lunch and refreshments at most of our face to face engagements. To support us, please also detail any dietary requirements and/or allergies.

***You do not need to disclose any information if you do not wish to.***

**Signed full name: Date:**