**Youth Advisory Group Registration Form**

**PERSONAL DETAILS**

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| Surname: |  |
| Forename: |  |
| Preferred Name (known as): |  |
| Date of Birth: |  |
| Address: |  |
| E-mail Address: |  |
| Telephone:  Home:  Mobile: |  |
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| **Can you give an example of when you have had to demonstrate your communications skills?**  *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 and what would you hope to learn from your experience?**  *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?* |

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

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| It would be helpful to understand if you attend school, college are employed/unemployed or other.  Please select from drop down list.  (please double click on the tile)  If other, please specify: |

**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 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  paige.cowling@westyorks-ca.gov.uk  or print a copy and return to:  Engagement Team  Office of the Mayor/Deputy Mayor  Ploughland House  62 George Street  Wakefield  West Yorkshire  WF1 1DL  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/) |

**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 🗆 |