

Application Form



Health Challenge Young Advisory Group member

Please complete this form in **BLOCK CAPITAL LETTERS**

The information on this form may be kept on file at NCB but will not be shown to anyone outside NCB

Personal Details

Name:

Address:

Home phone number:

Mobile phone number:

Email address:

Date of birth:

Why do you want to become a Health Challenge Young Advisory Group member?

Continue on a separate sheet if you need to

What does being healthy mean to you?

How do you think children and young people can be helped to live healthier lives?

What three words would you use to describe yourself?

- 1 -
- 2 -
- 3 -

Do you have any other responsibilities that may make it difficult to attend the four Advisory Group meetings a year? e.g. other paid work, school or sports clubs, children, etc. If so please give details.

Do you have any special requirements that we need to know about to help you to come to meetings or to become an Advisory Group member? e.g. medical needs, disabled access etc. If so please give details.

What time(s) and day(s) of the week is it best to call you to talk about your application?

Although work on the Health Challenge Young Advisory Group is voluntary, if you are selected as an Advisory Group member you will need to:

1. Agree to represent the Advisory Group and fellow members
2. Commit to attending regular Advisory Group meetings.
3. Arrive for meetings on time
4. Listen to the opinions and views of other members of the Advisory Group and of other young people you meet, and agree to respect other people, their views and their backgrounds

If you are happy to accept these four responsibilities please sign below

Signature.....

Date.....

I have shown this form to my parent/guardian

Signature..... (to be signed by parent/guardian)

Please return this form to: Liz Zachary, National Children's Bureau, Freepost, London, EC1B 1DB, or email it to lzachary@ncb.org.uk by **30 November 2007**

Monitoring sheet

It would be very helpful if you could answer the following questions. We will only use this information for the purpose of monitoring and evaluating the membership the Health Challenge Young Advisory Group. It will not be shared and will be kept secure.

1. Your name _ _ _ _ _

2. Are you: Male/boy Female/girl (tick one)

3. Date of Birth _ _ _ _ _

4. Which of these describe your background the best? Please tick

White

- British
- Irish
- Any other white background

Black or Black British

- Caribbean
- African
- Any other Black background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese or other ethnic group

- Chinese
- Any other

If you don't feel that any of these describe your background properly, then describe it here.....

5. Do you consider yourself to have a disability: Yes/No

If yes, please describe it here.....

Please return this form to Liz Zachary, National Children's Bureau, Freepost, London, EC1B 1DB along with your application form. Thank you