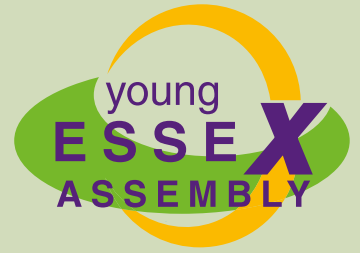


# YOUTH SERVICE



## Young Essex Assembly application form

Personal details to be completed by applicant

Full name

Preferred name

Age

Date of birth (dd/mm/yyyy)

Gender

Home address

School

Telephone number

Mobile number

Applicants email address

**Which district will you be representing?** (please select)

(You need to either be living in this district, attending education, or have another strong association)

**Is there any additional support you require to fully participate?**

Yes

No

If yes, please state below and/or contact [yea@essex.gov.uk](mailto:yea@essex.gov.uk) to discuss.

**Do you have a medical condition requiring medical treatment or medication?**

Yes

No

**Do you have any allergies to certain medications?**

Yes

No

**Are you able to administer your own medication?**

Yes

No

**Why do you want to join the Young Essex Assembly?** continue on the next page if necessary

**Why do you want to join the Young Essex Assembly?** continued

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**Emergency contacts**

**Main emergency contact**

**Name**

**Relationship**

**Address**

**Telephone number – day**

**Telephone number – evening**

**Email address**

**Alternative emergency contact**

**Name**

**Relationship**

**Address**

**Telephone number – day**

**Telephone number – evening**

**Email address**

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**If you are under 18 a parent/guardian will need to fill out this part of the application**

**Declaration**

I understand that my child/ward may leave the centre premises for local visits as outlined in the centre/ project programme and hereby give my consent for my son/daughter to participate in such events. I also understand that my son/daughter may leave the premises at other times when I will be informed separately by letter.

**I agree that** (full name of young person)

**May be photographed or videoed** (for qualification portfolios, displays, newsletter, local press, web site) whilst participating in the activities

Yes

No

**Can participate in the visits and activities described**

Yes

No

**Can be transported in the private vehicles of staff/volunteers supervising the visit**

Yes

No

**Is in good health and fit to participate in the activities described**

Yes

No

**Can receive medical treatment as necessary**

Yes

No

I undertake to inform the youth worker as soon as possible of any of the above information or of any change to contact details. I acknowledge the need for the person named above to behave responsibly and agree to the centre/project's procedures in this respect.

**Personal details to be completed by parent or guardian giving consent**

**Full name**

**Relationship to applicant**

**Address**

**Telephone number - day**

**Email address** (parent/guardian)

.....

**You are giving your personal data to Essex County Council, so that they can support you being involved in the YEA.**

I understand that I can withdraw my consent to use or share my information at any time by talking to my youth worker and that this may result in a reduction of services being available to me.

I understand I have the following rights about how you use my data:

- You will make sure that I understand how and why my data will be used. I can find the full details on how ECC use data at [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy)
- I have the right to access my information. To do this I can contact [transparencyteam@essex.gov.uk](mailto:transparencyteam@essex.gov.uk) or ask my youth worker
- I can ask you to correct any data about me that is not accurate by speaking to my youth worker or contacting [DPO@essex.gov.uk](mailto:DPO@essex.gov.uk)
- I have the right to ask you to delete my data if I no longer wish to use your services. I understand that you may keep a record of the services you have delivered to me in the past if required by law
- I can ask you to only use my data in certain ways, only share it with certain people or to stop using my data.

**Signed** (applicant)

**Date** (dd/mm/yyyy)

**Signed** (parent/guardian if applicant is under 18)

**Date** (dd/mm/yyyy)

Once completed please save and send a copy to [YEA@essex.gov.uk](mailto:YEA@essex.gov.uk)