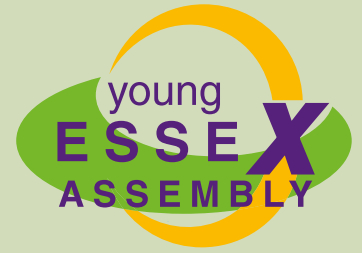


YOUTH SERVICE



Young Essex Assembly application form

Personal details to be completed by applicant

Full name

Preferred name

Age

Date of birth (dd/mm/yyyy)

Gender

Pronoun

Home address (please include postcode)

School

Applicants 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)

Please type your statement which will go on the ballot posters. This statement is what other young people will see to decide if they wish to vote for you. This statement can be no longer than 45 words, anything over this will be cut off at 45 words.

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

Is there any additional support you require to fully participate?

Yes

No

If yes, please state below and/or contact yea@essex.gov.uk to discuss.

Does the young person named above have any medical conditions or needs including but not limited to, any allergies they may have as well as any special educational needs that we need to be aware of?

Emergency contacts – These are the people we will contact in case of an emergency

Main emergency contact

Name

Relationship to applicant

Address

Telephone number – day

Telephone number – evening

Email address

Alternative emergency contact

Name

Relationship

Address

Telephone number – day

Telephone number – evening

Email address

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 applicant)

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 (please include postcode)

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
- I have the right to access my information. To do this I can contact 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
- 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