AGE 14 TO 19
REPRESENT YOUR SCHOOL
OR YOUTH GROUP

SOUTHWARK YOUTH COUNCIL
REGISTRATION FORM

Young people making it happen

If you would like to complete the form online visit southwark.gov.uk/youthcouncilregistration

For more information about Southwark Youth Council contact youth.council@southwark.gov.uk or call 020 7525 3416

@chatbacksyp
facebook.com/chatbacksyp

PLEASE RETURN THIS FORM TO US BY
3 FEBRUARY 2017

@lb_southwark facebook.com/southwarkcouncil
Southwark Youth Council (SYC) is a group of young people, elected by young people to represent the voices of young people through their schools, youth clubs and neighbourhoods. SYC support the Council's engagement with young people and work on developing more exciting and involving ways of addressing priority topics that matter most to the young people of Southwark.

We are looking for two representatives from your school and two representatives from your youth club or group in your local area to stand as candidates.

Elections will take place in your school and youth club from 13 to 19 March 2017 with successful candidates announced on 21 March 2017.

To be considered, you must be a Southwark resident, age 14 to 19.

Please tell us why you want to be a Youth Council Member [200 words max].
What skills do you have that will make you a good representative for your school or youth club? [100 words max]

What do you hope to gain from being a Southwark Youth Council member? [200 words max]
How will you represent your school or local area and let others know about the work that SYC is doing? (Your ideas for engaging with your peers and involving everyone you represent) [200 words max]

Are you able to attend regular evening meetings and travel around the borough to attend training, meetings and events?

- [ ] YES
- [ ] NO

If unsuccessful, would you like to be considered for any other expert youth forums or groups working closely with Youth Council?

- [ ] YES
- [ ] NO
ABOUT YOU

FULL NAME

HOME

ADDRESS

POSTCODE

AGE

SCHOOL

WHICH SCHOOL, YOUTH CLUB OR GROUP DO YOU WANT TO REPRESENT?

CONTACT DETAILS

EMAIL ADDRESS

TEL NUMBER
Please tell us more about you and what you would like to achieve through the youth council. (Example: Interests and ambitions) [300 words max] Please attach an additional A4 document, should you run out of space for any of the sections.
To help us make sure we are reaching all of our communities, please complete the equalities information below. Completing this section is optional.

Why do we ask for this information?
It is important to us that we speak to as many people as we can that reflect the diverse communities in Southwark. This will ensure that everyone’s needs are addressed through the plans we develop as a result of this survey.

1 Disability and health
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
- Yes, limited a little
- Yes, limited a lot
- No, not limited

Please tick the box or boxes below that best describe the nature of your impairment(s)
- Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight)
- Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc.)
- Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc.)
- Learning difficulties (e.g. dyslexia, dyspraxia etc.)
- Memory problems (e.g. alzheimer’s etc.)

If you wish to specify your impairment, please do so here:

2 Nationality
What do you consider to be your national identity?

3 Ethnicity
What do you consider to be your ethnicity?
- British
- Black British
- English
- Caribbean
- Scottish
- Nigerian
- Welsh
- Ghanaian
- Northern Irish
- Sierra Leonean
- Irish
- Somali
- Gypsy, Roma or Irish Traveller
- Other African
- Other Black
- Other European
- Other African
- Asian British
- Other White
- Indian

4 Religion or belief
Christian
Jewish
Sikh
Buddhist
Hindu
No Religion
Muslim
Other

If you selected other, please specify if you wish:

If you are over 18 it would also be helpful if you would answer the following questions.

5 Sex
Male
Female

6 Sexual orientation
Hetrosexual/straight
Lesbian/Gay woman
Gay man
Bi-sexual

If you prefer to use your own term, please specify if you wish:

Thank you for your application to Southwark Youth Council.

Please send your completed form to:
Southwark Youth Council
Freepost RSCE – TGHU – CUZB
Community Engagement (5 / 3)
160 Tooley Street
London
SE1 2QH
or email youth.council@southwark.gov.uk