

**Project CREATE**  
**Young Persons' Advisory Group (YPAG)**  
**Application Form**



*Please complete all the information on this form and return to Danelle Lee. All personal information will be kept securely, and your application will not be seen by anyone who is not going to be working with the group. You can complete a copy of the form below and email it back to [d.lee3@leeds.ac.uk](mailto:d.lee3@leeds.ac.uk) or complete an online version by clicking on this link <https://forms.office.com/e/6cxLKi5S9a> or scan the attached QR code. Any questions or queries please get in touch at the above email address.*

**Participant Details**

First name:

Surname:

Address:

Home telephone number:

Mobile number:

Email:

Date of birth:

How do you identify: Male:  Female:  neither:  (please tick)

**Parent/Guardian details if participant is under 16. Emergency Contact details if over 16.**

First name:

Surname:

Address (if different from above):

Home telephone number:

Mobile number:

Email:

Please tick the box below that best describes your ethnic origin:

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other White background <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
	Other Mixed background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		

### About you

Looking at the information we've given you on the young persons' group, can you tell us why you are interested in becoming a member?

What help and support do you think you and/or other young people in the group will need from the adults/leaders who are working with the group (*this might include digital and/or inclusion support*)?

## Consent

- I have read the information and understand what the group is about.

Yes  No

**DECLARATION:** I would like to be part of the Project CREATE Young Persons' Advisory Group

Signature: \_\_\_\_\_

**If you are under 16 please get a parent/guardian to complete the boxes below:**

**Please sign and print name below to confirm that you consent to the above-named person becoming a member of this group and have checked and confirmed the correctness of the information provided above.**

Signed

Print Name

Relationship to person seeking consent

Date

**Please email this form to:**

**Danelle Lee**

**Project Manager and Youth Engagement Officer**

**d.lee3@leeds.ac.uk**

If your application is successful then we will contact you as soon as possible with further details.

THANK YOU!