



**GenerationR Liverpool
Young Persons' Advisory Group**

Application Form

Please complete all the information on this form and return to Sammy Ainsworth. 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.

Personal Details

First name:

Surname:

Address:

Home telephone number:

Mobile number:

Email:

Date of birth:

Are you: Male: Female: (*please tick*)

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 skills, experience and interests would you bring to the group?

Is there anything that the group will be doing that you are particularly interested in doing and/or learning more about?

What help and support do you think you and/or other young people in the group will need from the adults who are working with the group?

Consent

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

Yes No

- I understand that if I am accepted as a member of the group I will need to come to at least 8/10 meetings, as well as other events or activities.

Yes No

DECLARATION: I would like to be part of the Liverpool 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 send this form to:
Sammy Ainsworth
Youth & Family Participation Officer
NIHR Alder Hey Clinical Research Facility
Institute of Child Health
Alder Hey Children's Hospital
Eaton Road
L12 2AP

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

THANK YOU!