

Youth Cabinet Application Form

OFFICE USE
Start date of membership:
/ /

Please make sure you complete all of the following details as we will need to contact you.

Your details

Name:	_____	Email:	_____	
Home no:	_____	Mobile:	_____	
Address:	_____		Postcode:	_____
Date of birth:	____ / ____ / ____	Gender: Male/Female (Please circle)	School/College:	_____
(If applicable)				

Before you complete your form, have a read of the following list. These are some of the skills and qualities you will need to have as a youth councillor for Slough's Youth Cabinet:

- Good communication skills
- Ability to work as a team player
- Time and willingness to commit to Youth Cabinet monthly meetings and any other meetings, workshops or training sessions related to being a member of the Youth Cabinet.
- Ability to give constructive feedback to adults when being consulted about services and activities for children and young people.
- Able to understanding that making changes takes time.
- Ability to be inclusive and not to discriminate against anyone.
- Be willing to participate and have fun.

This list is not exclusive and being a member of the Youth Cabinet will enable you to learn new skills, whilst developing existing ones at the same time.

All about you

Why would you like to become a member of Slough's Youth Cabinet?

(Please tell us about you, your skills, qualities and any experiences that you feel would help you)

What other young people's groups, clubs or forums have you been part of OR are aware of? (For example, you have been a member of your school council/student union or youth club forum or are aware of your school council and what they are responsible for.)
Please give examples:

As a member of the Youth Cabinet you will be representing the voice of all of Slough's young people - if you become a member of the Youth Cabinet what would be the 3 main things you would like to achieve?

Young person (signature): _____ **Date:** _____

PARENT/CARER

It is very important that you have informed your parent/carer of your decision to apply to become a member of Slough's Youth Cabinet as you will be involved in meetings and activities that will take place after school and during holiday times. Please ask your parent/carer to sign this form to confirm they are aware of your Youth Cabinet membership application. *(Only applicable to those aged 11—17)*

Parent/Carer (print name): _____ **Sign:** _____

ADULT SUPPORT (SCHOOL/YOUTH GROUP/YOUTH AGENCY)

If your application is successful and you become a member of Slough's Youth Cabinet as well as representing all young people in Slough you will also be representing the school, youth group or agency that you attend. Please provide the name and contact number of an adult *(from your school/youth group/agency)* that you will support you in your role as Youth Councillor.

Adult support (print name): _____ **Contact number:** _____

Please return your completed form to: Slough Youth Cabinet (c/o Sharon Stephenson), Education & Children's Services, St Martin's Place, Ground Floor East, 51 Bath Road, Slough, SL1 3UF

Youth Cabinet Monitoring Form

It is **not** statutory that you complete this form but providing the information will help us in monitoring the membership of Slough's Youth Cabinet. This form will be separated from your application form upon receipt and will not be part of the selection process.

What is your Ethnic Group?

Choose ONE section from A to F, then tick the appropriate box.

A. White

British Irish

Any other White background, please state:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please state:

C. Asian or Asian British

Indian Bangladeshi

Pakistani Sikh

Any other Asian background, please state: _____

D. Black or Black British

Caribbean African

Any other Black background, please state:

E. Chinese or other ethnic group

Chinese

Other, please write: _____

F. I do not wish to provide this information

Gender Male Female

Date of birth ____ / ____ / ____ Age: ____

Do you have a disability? (Please tick one box)

- | | | |
|---|--|--|
| 0 None <input type="checkbox"/> | 01 You have specific learning difficulty <input type="checkbox"/>
(For example, dyslexia) | 02 You are blind or partially sighted <input type="checkbox"/> |
| 03 You are deaf or hard of hearing <input type="checkbox"/> | 04 You use a wheelchair or have mobility difficulties <input type="checkbox"/> | 05 You have Autistic Spectrum Disorder or Asperger Syndrome <input type="checkbox"/> |
| 06 You have mental health difficulties <input type="checkbox"/> | 07 You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition <input type="checkbox"/> | 08 You have 2 or more of no.07 <input type="checkbox"/> |
| 09 You have a disability, special need or medical condition that is not listed above <input type="checkbox"/> | 10 I do not wish to provide this <input type="checkbox"/> | |

What is your religion/faith/belief?

Christian Buddhist Hindu Jewish Muslim Sikh None
Prefer not to say Other (please specify) _____

Please tell us how/where you found out about becoming a member of the Youth Cabinet?

Slough Borough Council website Poster at school/youth group Teacher/Key worker
Children's Trust website Existing youth cabinet member Other: _____