**INVOLVE – Youth Participation Group**

**Your personal details (You MUST be aged 13 – 19 years)**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Mobile: |  |
| Email: |  |
| Address: |  |
| School/College: |  |

**Medical conditions or known allergies**

(Please let us know if you require any reasonable adjustments)

|  |
| --- |
|  |

**Emergency contact details**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Contact tel no: |  |

**How did you hear about the INVOLVE Young People Participation Group?**

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| --- |
|  |

**Consent**

|  |  |  |
| --- | --- | --- |
| I am happy for my photo to be used within service/media promotion and can be used on social media | |  |
| I am happy to be added to a WhatsApp group | |  |
| **Signed:** | **Date:** | |

**Parent/carer consent (Under 16’s)**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |