

help shape YOUR future

Youth Panel

Self-Nomination Form

First Name			
Surname			
Date of Birth dd/mm/yy			
Gender (please tick)	Male <input type="checkbox"/>		Female <input type="checkbox"/>
Address			
		Postcode	
Home Phone Number			
Mobile Number			
Email Address			

	(Please tick)	Yes	No
Do you currently live in Northern Ireland?	<input type="checkbox"/>		
On 19 February 2010 will you be aged 16-18?	<input type="checkbox"/>		



Northern Ireland
Assembly



Before you begin to fill in the form, please read the notes that came with it. Please complete **all** questions below. Incomplete forms will not be accepted.

To apply you must:
Currently live in Northern Ireland and be aged between 16 and 18 on 19 February 2010.

YOUR Commitment

	<i>(Please tick)</i>	Yes	No
I have read and understood the information in the notes that came with this form		<input type="checkbox"/>	<input type="checkbox"/>
If I am selected to join the Youth Panel, I am willing to undergo security checks to meet child protection requirements		<input type="checkbox"/>	<input type="checkbox"/>
 If you are successful, will you commit to attend the following?			
A peer selection event in Belfast on 12 March 2010		<input type="checkbox"/>	<input type="checkbox"/>
Eight Youth Panel meetings during the year starting April 2010		<input type="checkbox"/>	<input type="checkbox"/>
Four Residential Weekend Youth Panel Meetings on:			
26-28 March 2010		<input type="checkbox"/>	<input type="checkbox"/>
17-19 September 2010		<input type="checkbox"/>	<input type="checkbox"/>
12-14 November 2010		<input type="checkbox"/>	<input type="checkbox"/>
18-20 February 2011		<input type="checkbox"/>	<input type="checkbox"/>



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About YOU

Why would you like to become part of the Youth Panel? *(maximum 50 words)*

What experience and skills do you have that might help the work of the Youth Panel? *(maximum 50 words)*

(Please tick) **Yes** **No**

Do you consider yourself to have a disability?

If you answered NO, go to the Additional Information Section

If you answered YES:

Do you need extra help in completing this form?

Do you have any special access or support requirements to allow you to attend a 1 day Peer Selection Event?

Please specify your requirements:



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Additional Information

Where did you find out about the chance to nominate yourself for the Youth Panel? <i>(Please tick)</i>			
School			
Youth Group			
Facebook			
Bluetooth			
Radio		Citybeat	Q-Network
Other		Where	

Declaration

The information I have given is complete and correct to the best of my knowledge and belief.

Sign/Print name	Date

If you need extra help filling in this form you can contact us from 9-5 Monday to Friday
phone: 028 9052 1833 email: info@niyouthassembly.com textphone: 028 9052 1209

This form must arrive at the address below by
5pm on Friday 19 February 2010.
Late or incomplete nominations will not be accepted.

If you are sending the form by email, type your name and the date below,
and email to: info@niyouthassembly.com

If you are sending a paper copy, sign your name and fill in the date and send to:

Northern Ireland Youth Assembly
Room 401F, Parliament Buildings, Stormont, Belfast, BT4 3XX

Please Note:

This is not an offer of panel membership. This is a self-nomination form to allow you to take part in the selection process.

The information collected will be held securely and in accordance with the Data Protection Act 1998, and will only be used for the purposes of recruitment for the Youth Panel and to update those individuals on the development of the Youth Assembly. If you wish for your details to be removed from our database or to update your details, please contact us at info@niyouthassembly.com



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