A black and white logo

Description automatically generated with medium confidenceYouth Advisory Group - Application Form

Please complete the application form below and email it to

[admin@lancashiremind.org.uk](mailto:admin@lancashiremind.org.uk)

If you wish to post your application, please post it to:

Shape, square

Description automatically generated

CYP Lead

Lancashire Mind,

80-82 Devonshire Road,

Chorley,

Lancashire,

PR7 2DR

There is no deadline for you to fill in the application form as we will be doing rolling recruitment throughout the year.

Lancashire Mind values the time of our potential Youth Advisory Group members and truly appreciates the effort taken to complete this application form.

Privacy Statement: Lancashire Mind are committed to protecting your personal information in accordance with all applicable laws concerning the protection of personal data. We will only collect relevant personal data from you to provide you with services, improve what we do and to help more people. Where we collect equality, diversity and inclusion data, known as special category data, this is anonymised and may be shared with funders or agencies to help us carry out our work as a charity. We will never share personal data with a third party, unless lawfully obliged to do so, or where there is serious risk of harm. We store your data securely and confidentially and only store it for as long as we need to. For full details please see our [Privacy Policy](https://www.lancashiremind.org.uk/pages/48-privacy-policy) on our website. If you are unhappy with how we have handled your personal data, we have a [complaints procedure](https://www.lancashiremind.org.uk/pages/147-compliments-complaints), full details are on our website. On request, a copy of the complaints leaflet can be either posted or emailed to you.



Section A

Shape

Description automatically generatedPersonal details:

If you are under 18 years of age, please ensure a parent or carer signs the consent form at the end of the application form before sending it on!

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Surname: | | First name(s): |
|  |  | |  |
| Date of birth: | |  | |
| Home address: | |  | |
| Postcode: | |  | |

Contacts:

|  |  |  |
| --- | --- | --- |
| Home |  | |
| Mobile |  | |
| Email address: |  | |
| Would you like to opt-in to the Lancashire Mind mailing list?  Mailings are sent by email and include job vacancies, volunteer opportunities and general updates about our activities and events. You can unsubscribe from the mailing list at any time. | | Over 18s |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or long-term health condition that requires reasonable adjustments during the selection process or for being part of the Youth Advisory Group? |  |
| If yes, please give details here, of anything we can reasonably do to assist you: | |
|  | |

Section B

Post applied for: Youth Advisory Group

|  |
| --- |
| Please use this space to explain why you think you would make a good member of the Youth Advisory Group. What skills could you bring to the group? What would you like to gain from the group? Do you want to make a difference in Lancashire? Do you have an interest in mental health or wellbeing? You can make the box bigger if you like or add another page. |
|  |

Declaration

The information given in this application is, to the best of my knowledge, true and accurate. I understand that any false declarations may lead to the withdrawal of being a Youth Advisory Member or dismissal.

|  |  |
| --- | --- |
| Full Name: |  |
| Signature: | Date: |

Section D

Equal Opportunities Monitoring Form

Lancashire Mind is an equal opportunities employer. The following information will be treated confidentially and will assist in monitoring Lancashire Mind’s Equal Opportunities Policy. The information will not form any part of the selection process.

|  |  |
| --- | --- |
| How did you hear about this opportunity? |  |
| First part of your postcode, e.g., PR7 |  |

Ethnic origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White | | Black | | |
|  | British |  | Caribbean | |
|  | Irish |  | African | |
|  | Any other White background |  | Any other Black Background | |
| Asian or British Asian | | Mixed | | |
|  | Indian |  | White & Black Caribbean | |
|  | Pakistani |  | White & Black African | |
|  | Bangladeshi |  | White & Asian | |
|  | Any other Asian background |  | Any other mixed background | |
| Chinese or Other Chinese | |  | Other Ethnic Origin | |
|  | Chinese |  | Prefer not to say | |
|  | Any other Chinese Background |  | | |
| If you selected any of the “other” categories, please specify how you would further describe your ethnic origin | | | |  |

Gender

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Male |  | Female |  | Non-binary |  | Prefer not to say | Prefer to self-describe: |  |

**Gender Identity:** is your gender identity the same as the gender you were assigned at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

**Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Straight/heterosexual |  | Gay woman/lesbian |  | Prefer not to say |
|  | Gay man |  | Bisexual |  | Other |

Religion

|  |
| --- |
| How would you describe your religion or belief? (e.g., Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, agnostic, none, other, prefer not to say) |
|  |

**Disability:** do you consider yourself to be a person with a disability?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

**Dependants:** do you have children under 18 or act as the main carer for a friend or family member?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

The next step…

Thank you for your interest in working for our Youth Advisory Group. We will be in touch shortly to confirm if you have been selected and can have an informal chat.

Please note that the informal chat will be really relaxed and virtual. You will be asked a few questions about why you’re interested in the YAG. Please feel free to prepare any questions you have for us, and we will answer them as accurately as possible.

A picture containing shape

Description automatically generatedWe look forward to meeting you!

Lancashire Mind

80-82 Devonshire Road

Chorley

Lancashire

PR7 2DR

01257 231660

admin@lancashiremind.org.uk

www.lancashiremind.org.uk

Registered Charity Number 1081427

Registered Company Number 3888655

Please let a parent/carer fill out this consent form if you are under 18 years old

Consent Agreement

Dear Parent/Carer,

Our Youth Advisory Group project will be delivered and run by our Children and Young People’s Team, led by a Project Lead and Coordinators. All staff have been fully trained in safeguarding and are DBS checked. Our CYP Project Lead is also a Designated Safeguarding Officer for Children and Young People. They will be doing a variety of activities with our staff, such as coproduction, training, interviews, service design etc. We will provide group activities hopefully both face to face and virtual; they will be involved in helping us to co-produce and mould our services for young people in Lancashire. Our staff adhere to the Lancashire Mind Safeguarding Policy to ensure the safety of themselves and the young people they are working with. Our policy can be found on our website, or you can request a copy.

Name of child/young person:

Name of parent/carer:

Phone number of parent/carers:

Address of parent/carer:

Email address of parent/carer:

Statement to sign:

I agree to let my child/young person take part in both virtual and face to face activities with Lancashire Mind staff. If any child/young person is under 18, we will give our email address to set-up virtual meetings. I have read Lancashire Mind’s Privacy Notice about how my child/young person’s data will be collected, stored, and shared.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I consent** to my child/young person having their photo taken

I **do not consent** to my child/young person having their photo taken

Photos may be used for social media and promoting our services

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