

| Youth Essex Assembly Application Form | | | |
|--|----------------|---------------|--------------|
| Full name: | | | |
| Preferred name: | | | |
| Age: | Date of birth: | Gender: | |
| Home address: | | | |
| | | | |
| School: | | Postcode: | |
| Telephone No. | | Mobile: | |
| Email address: | | | |
| Which District will you be representing? (please circle) (You need to either be living in this district, attending education, or have another strong association) | | | |
| Basildon | Braintree | Brentwood | Castle Point |
| Chelmsford | Colchester | Epping Forest | Harlow |
| Maldon | Rochford | Tendring | Uttlesford |
| Is there any additional support you require to fully participate? | | | Yes No |
| If yes, please state below and/or contact yea@essex.gov.uk to discuss. | | | |
| | | | |
| Does the above person: Have a medical condition requiring medical treatment or medication? | | | Yes No |
| Have an allergy to certain medications? | | | Yes No |
| Is he/she able to administer his/her own medication? | | | Yes No |
| Why do you want to join the Young Essex Assembly? | | | |
| | | | |

| Emergency Contacts | | |
|--|---------|-------------|
| | Main | Alternative |
| Name: | | |
| Relationship: | | |
| Address: | | |
| Telephone No. Day: | | |
| Evening: | | |
| Email address: | | |
| If you are under 18 a parent/guardian will need to fill out this part of the application | | |
| Declaration (if under 18 to be signed by someone with parental/guardian responsibility): I understand that my child/ward may leave the centre premises for local visits as outlined in the centre/project programme and hereby give my consent for my son/daughter to participate in such events. I also understand that my son/daughter may leave the premises at other times when I will be informed separately by letter. | | |
| I agree that (full name of young person): | | |
| <ul style="list-style-type: none"> • may be photographed or videoed (for qualification portfolios, displays, newsletter, local press, web site) whilst participating in the activities | Yes | No |
| <ul style="list-style-type: none"> • can participate in the visits and activities described; • can be transported in the private vehicles of staff/volunteers supervising the visit; • is in good health and fit to participate in the activities described; • can receive medical treatment as necessary. | | |
| I undertake to inform the youth worker as soon as possible of any of the above information or of any change to contact details. I acknowledge the need for the person named above to behave responsibly and agree to the centre/project's procedures in this respect. | | |
| <p>You are giving your personal data to Essex County Council, so that they can support you being involved in the YEA. I understand that I can withdraw my consent to use or share my information at any time by talking to my youth worker and that this may result in a reduction of services being available to me.</p> <p>I understand I have the following rights about how you use my data:</p> <ul style="list-style-type: none"> • You will make sure that I understand how and why my data will be used. I can find the full details on how ECC use data at www.essex.gov.uk/privacy • I have the right to access my information. To do this I can contact Transparencyteam@essex.gov.uk or call them on 033301 39853 or by asking my youth worker • I can ask you to correct any data about me that is not accurate by speaking to my youth worker or contacting DPO@essex.gov.uk • I have the right to ask you to delete my data if I no longer wish to use your services. I understand that you may keep a record of the services you have delivered to me in the past if required by law • I can ask you to only use my data in certain ways, or only share it with certain people <p>I can also ask you to:</p> <ul style="list-style-type: none"> • stop using my data • stop contacting me about services <p>I can find the full details about how you use my data by talking to my youth worker.</p> | | |
| Name in capitals: | Signed: | |
| Relationship: | Date: | |
| Address: | | |
| | | |
| | | Postcode: |
| Telephone No. | | |

Please post your application form to:

YEA Young Essex Assembly, Essex Youth Services, Essex County Council, 39-42 E Stockwell St, Colchester CO1 1SS
Or scan and email it to yea@essex.gov.uk