

EMCCA Youth Committee – Application Form

Want to make a difference in your area?

Join the **Youth Committee for the East Midlands Combined County Authority (EMCCA)** and help shape the future of the region for young people like you!

If you're aged **15 to 18** (up to 25 with SEND), live in the East Midlands, and want your voice heard – this is your chance!

About You

Full Name:

Date of Birth (DD/MM/YYYY):

Age:

What are your pronouns? (e.g. she/her, he/him, they/them)

Email Address:

Phone Number (optional):

Where do you live in the East Midlands?

(Town/City or County)

What Are You Up To?

Are you currently:

- ☐ In school or college
- ☐ In training or doing an apprenticeship
- ☐ Working
- ☐ Something else: _____

If you're studying, where do you go to complete your learning/studies?
(School/college/training provider)

What year are you in or what are you studying?

Why You?

1. **Why do you want to be on the Youth Committee?**

(What makes you excited about it?)

2. **What do you care about when it comes to young people in the East Midlands? Is there a particular focus that you think the EMCCA Youth Committee should look at?**
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3. **Have you ever spoken up, helped others, or made a difference in your school or community?**

(It's OK if you haven't – just be honest!)

4. **What skills or ideas would you bring to the group?**

(Think about things like teamwork, creativity, listening, speaking up, etc.)

Time & Commitment

Can you come to one meeting every couple of months and join in with other activities sometimes (in-person or online)?

- ☐ Yes, sounds good!
 - ☐ I'll try my best, but might need some flexibility
 - ☐ I'm interested but not sure I can commit regularly
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Support

Do you need any support to take part?

(This could be help with travel, accessibility, or anything else.)

- ☐ Yes – please tell us what you need: _____
- ☐ No – I'm good, thanks!
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Anything Else?

Is there anything else you'd like us to know about you?

Your Agreement

- ☐ I confirm the info I've given is true
- ☐ I agree to EMCCA using my info for this application (we won't share your details without your permission)
- ☐ I understand being on the Youth Committee means being supported to get involved and speak up for young people in the East Midlands

Signed: _____

Date: _____

Parents/Carers/Guardian Consent

(For applicants under 18 or up to 25 with SEND)

I confirm that I am the parent/carer of the applicant named above and give my consent for them to take part in the EMCCA Youth Committee. I understand what the Youth Committee involves and agree to support their participation.

Parent/Carer Name: _____

Relationship to Applicant: _____

Contact Phone Number: _____

Contact Email Address: _____

- ☐ I give my consent for my child/young person to participate in the Youth Committee

Signature: _____

Date: _____