# Application form for Young Person’s Advisory Panel

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| **Name** |  |
| **Email address** |  |
| **Mobile number** |  |
| **Age** |  |
| **Care experience**(Are you currently looked after; have been looked after or have had experience of having a social worker) |  |
| **How long have you been known to Children's social care?** |  |
| **Please tell us why you would like to become a member of the Young Person’s Advisory Group?**(No more than 150 words) |  |
| **Please tell us what you could bring to the group**(No more than 150 words) |  |
| **We would also like to know a little a bit more information about you, could you please answer the following:** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Sexuality** |  |
| **Do you consider yourself to have a disability?**(If yes, what additional assistance do you need for us to support you?) |  |
| **What region of the country do you live in?**(Please tick one) | * North East
* Yorkshire and the Humber
* North West
* East Midlands
* West Midlands
* Greater London
* South West
* South East
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Please send the completed application form to: practice@whatworks-csc.org.uk

The closing date for applications is **24th July at 5pm.** We will notify you of the outcome of your application within two weeks of this date by telephone or email.

If you are successful we will invite you to attend virtual interviews **during August.**

Good Luck!!