

Legacy Youth Voice - Application Form

This application form is designed to give you an opportunity to express yourself and tell us about you and why you are interested in being part of the Legacy Youth Voice.

If you would rather complete the application form over the phone with one of the team, please text us on 07708 821 386 and one of us will give you a call for a chat. We expect it will take 15-20 minutes to complete the application. When you have finished either scan and email the application to lyv@wearekaizen.co.uk or post it to Kaizen, 22a Cliff Villas, London NW1 9AT

Please answer all questions – but feel free to say as much or as little as you want on each one!

1. Have you read the information sheet about the Legacy Youth Voice? Yes No

2. Full name (please print clearly): _____

3. Age 14 15 16 17 18 Other: _____

4. Date of Birth _____

5. Borough

Hackney Tower Hamlets Waltham Forest Newham Other: _____

6. Contact information

Email address: _____

Phone number: _____

Address: _____

Postcode: _____

7. How would you best describe yourself?

White: British

White: Irish

White: Gypsy or Irish Traveller

White: Other

Mixed: White & Black Caribbean

Mixed: White & Black African

Mixed: White & Asian

Mixed: Other Mixed

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Other Asian

Chinese

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Other Black

Arab

Other: _____

8. Gender Identity

Female

Male

Transgender

9. Would you say you had a disability?

Yes

No

I'd rather not say

10. What are you doing at the moment? (Please tick)

- | | | | |
|-------------------|--------------------------|-------------------------|--------------------------|
| School | <input type="checkbox"/> | Working part time | <input type="checkbox"/> |
| College | <input type="checkbox"/> | Not currently employed | <input type="checkbox"/> |
| University | <input type="checkbox"/> | Other (please specify): | _____ |
| Working full time | <input type="checkbox"/> | | |

11. If you are at school/college/university which one are you at?

12. Why do you want to be a part of the LYV?

13. How much do you know about the Queen Elizabeth Olympic Park?

- Nothing
- A little
- Some
- Quite a lot
- A lot

14. How often, if at all, do you go to the Queen Elizabeth Olympic Park?

- Never
- Once or twice a year
- Every few months
- Every month
- Every couple of weeks
- Every week

15. How much experience have you had of being part of a leadership group or being in a leadership role? E.g. School council, peer mentor. (It is not a requirement to have had any previous leadership training or experience)

- None Not much Some Quite a bit A lot

16. If you have had any leadership experience, please tell us a bit about what it was

17. What is one thing you are passionate about?

18. What would you say are some of your main skills and interests?

19. What is one of your personal development goals and why is this important to you?

20. What career or sector do you think you would like to work in?

21. What is one thing you love about your community?

22. If you could wave a magic wand and change one thing about your community, what would it be?

23. Have you had any previous experience as a volunteer, outside of school?

Yes No

24. If yes can you tell us a little about what you were or are doing?

25. What networks and groups are you a part of [e.g. your school, clubs, online networks, religious organisations, campaign groups etc.]?

26. Roughly how many people are in your social networks (Facebook friends, Twitter followers etc.)

	0 -100	100 – 250	250 – 500	500 -1000	1000-2000	2000+
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snapchat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinterest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

27. Can you confirm that you are able to attend monthly sessions on the last Saturday of the month?

- Yes, I can make it to all the sessions
Yes, I can make it to some but not all of the sessions
No, I can't attend Saturday sessions

Please tell us here what sessions you can commit to

28. As part of the selection process we are holding a leadership workshop on Saturday 12th January 2019 from 10am - 4:30pm, are you available to attend?

- Yes, definitely
Yes, Possibly
No, unfortunately I can't make it

29. Our induction and first session is on Saturday 26th January 2019 from 10am to 4:30pm, are you able to attend?

- Yes, definitely
Yes, Possibly
No, unfortunately I can't make it

30. If you have ticked no for any of the sessions can you let us know what the reason is?

31. If we want to get a reference about you, can you tell us someone we can speak to (this could be a teacher, youth worker, employer or someone who knows you well)?

Full Name: _____
Organisation _____
Their role/job _____
Email address, if you have one for them _____
Phone number, if you have one for them _____

32. Where did you hear about the LYV from?

- | | |
|---|--|
| Current LYP Member <input type="checkbox"/> | Twitter <input type="checkbox"/> |
| School/College <input type="checkbox"/> | Family Member <input type="checkbox"/> |
| Youth Group <input type="checkbox"/> | Local media/newspaper <input type="checkbox"/> |
| Facebook <input type="checkbox"/> | Other: _____ |

33. If you are under 18 we will need to get consent from your parent/carer for you to be on the programme:

Parent/Carer name _____
Email address, if they have one _____
Mobile phone, if they have one _____
Landline, if they have one _____

34. Is there anything else you would like to say or tell us about yourself on your application?

Thank you for completing the application for the Legacy Youth Voice. Please scan and email the form to: lyv@wearekaizen.co.uk or alternatively you can post it to Kaizen, 22a Cliff Villas, London NW1 9AT.

All applications must be received no later than Sunday 2nd December 2018.

The information provided in this application will be handled in accordance with [Kaizen's privacy policy](#)