

CHILDREN & YOUNG PEOPLES' COUNCIL

Application Form
(Personal Details)

Personal information

NAME
ADDRESS.....
.....
.....
MOBILE PHONE NUMBER.....
EMAIL ADDRESS.....
D.O.B **AGE**.....

I..... (Name) want to apply to be part of CLAPA's children's and young people's council. I know that I need to commit to attending at least two council meetings per year and that I need to sign the aims statement for the council once appointed.

Signature..... (Child/Young Person)

Date.....

Parent/Guardian Information

NAME
ADDRESS IF DIFFERENT FROM ABOVE
.....
.....
CONTACT PHONE NUMBER
EMAIL ADDRESS

I (Parent/ Guardian) (Name) agree that (Child/Young Person Name) can be involved in CLAPA's children's council. I am aware that they need to commit to attending at least two meetings per year at different regional locations.

Signature (Parent/Guardian)

Date

CHILDREN & YOUNG PEOPLES' COUNCIL

Application Form (Page 1)

All applicants will be considered, however not all applicants will be selected due to only needing two members per cleft centre. Please answer all questions as fully as you can and send back to the address located at the end of the form.

**THANK YOU IN ADVANCE FOR TAKING THE TIME TO FILL OUT THIS
FORM.**

Why do you want to be a member of the CLAPA's children and young people's council?

What skills will you bring to the role?

CHILDREN & YOUNG PEOPLES' COUNCIL

Application Form (Page 2)

What do you think children with a cleft lip and/or palate need from the CLAPA children's services? What issues do you think they might face?

What skills do you think are needed to be a team player whilst also getting the views across of the CLAPA children and young people you represent?

Can you commit to attending at least two council meetings per year?
(There will be approximately 4 meetings called per year in different UK locations)

Yes No.....

Which Cleft clinic do you attend? (ie Bristol)

Please return to the following address by **Monday 15th October** 2007;
Sandy Bowden, Children's Services Development Co-ordinator, Cleft Lip and Palate
Association, FREEPOST NAT7066, LONDON, EC1B 1BR OR Fax to 0207 833 5999