**Potton Youth Council (PYC)**

Application and Consent Form

**Important information for applicants**2021 will see the first ever Potton Youth Council. We believe that young people are the future of our communities and we feel it is important that we as a town council invest in them. Potton Town Council will support the Youth Council in achieving the following objectives:

* To develop a culture of participation in the democratic process and to develop an awareness of citizenship.
* Be empowered to take decisions and actions to improve the community they live in.
* Form partnerships with local and national organisations.
* Promote respect for each other and the community.
* Encourage all young people to have a voice and believe their views are valued.

If you would like to be a part of this exciting adventure you must fulfil the following criteria:

* Potton resident and / or attend a school and / or organisation in Potton.
* School Year 5–13.
* Have consent from a parent or guardian.
* Commit to attending meetings.

If you can satisfy all of the above and are still interested, please complete the application form below along with the parent/guardian consent form and return to

Mrs Claire Massey, Clerical Assistant, Potton Town Council, The Community Centre, Brook End, Potton, Bedfordshire, SG19 2QS or email to pottoncounciladmin@btconnect.com

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| 1. **Personal Details**
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| Name Address  Post Code Email Address Date of Birth School Member of any clubs or societies  |

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| 1. **About You** – Why do you want to join Potton Youth Council in no more than 200 words.
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| 1. **Supporting Information** – Please tell us about yourself for examples, weaknesses, skills and experiences in no more than 200 words.
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| Signature: Date: |

If you are under 18 please ask a parent/guardian to complete and sign the

Parent / Guardian Consent Form, making sure they read the application guidance notes and understand what is involved in the project.

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| 1. **Parent / Guardian Consent Form**
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| Parent / Guardian Name Address  Post Code Relationship to applicant Contact phone number Email Address  |

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| Signature: Date: |