



Inspiring People, Changing Communities

LEADERSHIP PROJECT
EXPLORE

APPLICATION PACK

Name:.....

School/Organisation:.....

Age:.....

YOUR APPLICATION FOR THE EXPLORE LEADERSHIP PROJECT

PLEASE READ THIS

This recruitment pack is for you to apply for a place on the Explore Leadership Project.

There are limited places on this project so please complete this pack and return it to us as soon as possible.

When you are filling out your contact details please write it in **BLOCK CAPITALS.**

You can either send it back to us at our address (on the back of this pack) or hand it in to your lead mentor.

If you are not chosen for this round, don't worry; there will be another opportunity at a later date in the year.

If you would like us to contact you about being part of other projects Focus offers, such as the Youth Action Team please

tick this box

Thank you for applying.

ABOUT YOU

EXPLORE

Please complete in **BLOCK CAPITALS** so we can read the information.

Name:

Male/Female
(Please Circle)

Date of birth:

/ /

Age:

Address:

Home Telephone Number:

Your mobile phone number:

Your email:

Parent/Guardian Name:

Parent/Guardian Telephone Number:

Name of School/College/Alternate Education you attend:

Year:

OTHER DETAILS

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Knowing these extra details helps us to contact you in different ways and for extra support and guidance to reach you the way you want it.

Twitter:

Instagram:

Facebook:

Whatsapp:

EXPLORE

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Tell us why you want to get involved in the Explore Leadership Programme.

Explore Leadership gives you the opportunity to improve yourself, develop and build on your skills and gives you experiences that you will never forget.

For you to get the most out of this experience, please answer these questions as honestly as you can.

What do you want to achieve on the Explore Leadership Programme?

What skills do you want to develop on the Explore Leadership Programme?

Explore Leadership isn't just about going on residential. It is also about you recruiting a small team of young people and running a project in the community. Are you able to commit yourself to this project for up to 8 weeks?

YES

NO

Focus also offers further volunteering opportunities and groups for you to be involved with. Would you be interested in finding out more?

YES

NO

CONSENT FORM

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To be completed to attend the Explore Leadership Project by a parent/guardian of young people under 18 years of age, or by themselves/an appropriate adult for those over 18.

Consent for young person to participate

I _____ (Please print parent/guardian name) give consent for _____ (please print name of young person) to:

1. Attend the Explore Leadership training residential (This includes activity sessions instructed by fully qualified and fully equipped activity providers).
2. To attend meetings at the FOCUS office (when advertised),
3. To carry out a community project (with support from the FOCUS team and volunteers)
4. To assist in the planning and preparation of their celebration event once the project has been completed.

Signed: _____ Date: _____
(Parent/Guardian)

Consent to store information

I agree that information provided by myself and my child can be used by FOCUS and other organisations working with the Explore Leadership Project for the purposes of running and evaluating the Explore Leadership Project programme and to keep me informed of future projects. I understand that all information will be kept in line with the Data Protection Act 1998.

Signed: _____ Signed: _____
(Parent/Guardian) (Young person)

Consent to collect media information

FOCUS would like to use film footage, photographs' and interviews generated during the Explore Leadership Project to promote FOCUS' charitable aims. We reserve the rights to use any footage, photography and written content captured from the Explore Leadership Project for the promotion of the programme and charitable aims. The content could be used for print press, TV film, Radio, WAP, web or for any other marketing or PR purpose. Please note, this list is not exhaustive.

I give my consent for photographs', film footage and interviews to be used at the discretion of FOCUS to promote all areas of the Explore Leadership Project.

Yes No (Please tick one box)

Signed: _____ Signed: _____
(Parent/Guardian) (Young person)

MEDICAL DETAILS

EXPLORE

Please print clearly. All information given on this form will remain strictly confidential and subject to the Data Protection Act 1998.

Personal Details	Address (If different from young person):
Young Person's Name:	
Next of kin:	
Relationship to young person:	Parent/Guardian Telephone Number:
Parent/Guardian email address or alternate contact (e.g. mobile):	

Your Doctor	Surgery Address:
Doctor's Name:	
Telephone Number:	

Medical Information		
Please describe any current health problems: (Attach additional sheet if necessary)		
Do you suffer from:	Asthema	Yes No
	Epilepsy	Yes No
	Other conditions requiring medication	Yes No
If yes, please complete below:		
Name of Drug:	Dosage:	Time(s) Taken:

MEDICAL DETAILS

EXPLORE

Please print clearly. All information given on this form will remain strictly confidential and subject to the Data Protection Act 1998.

Dietary Requirements		
Are you a vegetarian?	YES	NO
Do you eat Halal?	YES	NO
Do you require:		
Pork Free Meals?	YES	NO
Beef Free Meals?	YES	NO
Do you have a dietary intolerance to:		
Diary Products?	YES	NO
Gluten?	YES	NO
E-Numbers?	YES	NO
Any other dietary needs? Please specify:		

Allergies		
Do you have an allergy to:		
Penecillin?	YES	NO
Nuts?	YES	NO
Shellfish?	YES	NO
Bee Stings?	YES	NO
Plasters?	YES	NO
Aspirin?	YES	NO
Any other allergies? Please specify:		

Additional Info		
Have you ever had a tetanus injection	YES	NO
Have you had a booster in the last 10 years	YES	NO
Can you swim	YES	NO
Any other information we should be made aware of? Please specify:		

Disability Needs		
Are you disabled?	YES	NO
If 'Yes' is there any specific support or assistance you will require? Please specify:		

CONSENT	
<p>In the event of illness or accident requiring emergency treatment, I authorise a responsible staff member of FOCUS to sign on my behalf any written consent required by the practitioner if the delay arising through trying to obtain my own signature is considered inadvisable by the practitioner concerned. (For those under 18 years of age, this part must be signed by a parent or guardian).</p>	
Parental signature: _____	Date: _____
Print Name: _____	Self / Parent / Guardian (please delete)

MONITORING FORM

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To help us ensure that FOCUS does not discriminate against anyone and to check that our Equal Opportunities Policy is effective, we collect information on everyone we work with.

All the information you provide will be anonymous and we will not tell anyone else what you put on this form.

Age		Gender	Male	Female	Transgender
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Ethnic Origin	How would you describe your ethnic origin? Please tick.	
White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
Dual Heritage	Specify:	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Roma & Travellers	Specify:	<input type="checkbox"/>
Other		<input type="checkbox"/>

Education, Employment & Training	At present are you...
Employed	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>
In school, college or university	<input type="checkbox"/>
In training	<input type="checkbox"/>
Not in education, training or employment	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Additional Information (Please tick)	YES	NO	Prefer not to say
Are you on a low income or receiving benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you homeless or in temporary accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you at risk of exclusion from school or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any criminal convictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you 'in care' or have recently left care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a 'young carer'? (E.g. Are you responsible for looking after a relative?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a refugee or asylum seeker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a lone parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this application pack. All of this information will remain strictly confidential.

Please double check you have filled in all parts of this form.