



Bristol Biomedical Research Centre with the
Applied Research Collaboration (West of England)

Children and Young People’s Advisory Group (YPAG)

**Application Form**

Please complete this form and return it to us by email or post at the address on the last page. All information about you will be kept securely and will not be seen by anyone who is not going to be working with the group.

**About You**

First name:

Surname or family name:

Address:

Date of birth:

Home telephone number:

Mobile number (if you have one):

Email Address:

Do you have any health conditions we should know about?

If so please describe below.

Do you have any special dietary requirements (for when we meet face to face)?

Do you need us to provide any additional support for you – please describe?

**Emergency Contact Details**

We need to know who to contact in case there is an emergency while you are attending the group. Please fill in the details below

*Person to contact in case of emergency:*

First name: Surname or family name:

Relationship to Group member:

Home phone number:

Mobile number:

Email:

**Your agreement to take part**

I would like to join the Young People’s group. I have read about the group and know what it is about.

Please sign to show you agree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 16 please ask a parent/guardian to complete the boxes below:**

|  |
| --- |
| Please sign and print name below to confirm that you consent to the above named person becoming a member of this group and have checked and confirmed that the information provided above is correct. |
| Signed |  |
| Print Name |  |
| Relationship to person seeking consent |  |
| Date |  |

### Consent for Photography, Video and Audio Recording

Sometimes, we may take photographs, video or audio recording of you taking part in the group. The photography, video and audio recordings may be used to publicise the Young People’s Advisory Group, and may appear in magazines and on websites. If you are happy for photography, video and audio recording of you to be taken whilst you are attending the group, please read the information below and sign to say you agree:

* I confirm that my participation in this photography, video and audio recording is voluntary and that I may withdraw consent at any time during the activity.
* I understand that I give this consent freely without the expectation that I will have more or better care and treatment from the NHS because of my participation.
* My consent allows The BRC or ARC West to use these photographs, video and/or audio recording. Please note that these could be used in publications, on websites or in any other form or medium anywhere in the world.
* I understand that once the photography, video or audio recording is complete the rights belong to The BRC and ARC West and that I may not, at a later point in time, withdraw my consent for the photographs, video or audio to be used for the purposes stated above.
* I understand that The BRC or ARC West cannot control the use or disclosure of information about me relating to this photography, video and audio recording and I accept that they are not liable for the use or disclosure of information about me relating to the articles, websites or publications in which they may be used.

I have read about the photography, video and audio recording and know how they will be used. I am happy to be photographed, videoed or recorded taking part in the Young People’s Advisory Group:

Please sign to show you agree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 16 please ask a parent/guardian to complete the boxes below:**

|  |
| --- |
| Please sign and print name below to confirm that you consent to the above named person being photographed and taking part in video and audio recording as group members. |
| Signed |  |
| Print Name |  |
| Relationship to person seeking consent |  |
| Date |  |

**A bit more about you**

We would like to know more about you, and why you are interested in joining our group. This helps us to ensure our that our group will be right for you

Please tell us a bit about yourself and what you enjoy doing

 (your interests and hobbies etc).

Now please tell us about your reasons for wanting to join the group.

And finally tell us about what will make you a great member of the group.

Please send this form to**:**

**Lucy Condon**, Co-Lead for YPAG

***NIHR ARC West and Bristol BRC***

Floor 9, Whitefriars, Lewins Mead, Bristol, BS1 2NT

Phone: 07891 342 081

Email: lucy.condon@bristol.ac.uk

Many thanks for your application. We will be in touch as soon as possible.