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| **YOUTH CONNECTIONS APPLICATION FORM** | | |
| Full Passport Name | *(Forename, Middle name & Surname)*  . | |
| DOB & Age |  | |
| Gender |  | |
| Ethnicity |  | |
| Home Address & Post code |  | |
| Email |  | |
| Home / Emergency  Tel Number |  | |
| Mobile Number |  | |
| Highest Qualification  & date obtained |  | |
| Occupation & Job Address |  | |
| Dietary Requirements: |  | |
| Medical conditions & any regular medications: |  | |
| Covid 1st Vaccine Date: |  | |
| Covid 2nd Vaccine Date: |  | |
| Please tell us about yourself, countries you have travelled to and any paid/unpaid work you have done in the community and how you can contribute to Youth Connections. | | |
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| **Can you confirm you have a UK Passport with minimum 6 months validity after date of travel and are free to travel outside the EU?**  **Yes / No** | | |
| **Passport Expiry date** | |  |

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| Please give us details of any youth or community organisations you have been involved with, worked at or volunteered with:  Org name…………………………………………………………………………………………………..  Contact person…………………………………………………………………………………………...  Email…….…………………………………………………………………………………………………..  Tel……………………………………………….……………………………………………….……….…. |
| **I would like to become a member of Youth Connections and agree to:**  Receive regular communication on Youth Connections events & activities  Yes  No  Take part in Youth Connections event planning meetings  Yes  No  Take part in Youth Connections UK based workshops and seminars  Yes  No  Take part in the next Youth Connections International youth exchange programme  Yes  No  Enter Youth exchange programme name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exchange Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed:……………………………………………………………..  Date….………………………………………………………………  **We reserves the right to cancel the participation of any individual selected to take part in this programme, if they do not follow the code of conduct and or participate in the activities.** |

**Please attach scan/copy of the photo page of your passport with this application form.**

You can use your mobile camera to take a photo of your passport page (make sure to take

photo without the flash on)

**Please complete and return this application form to:**

Email: info@thecommunityfoundation.org.uk

Post: Community Foundation, 20 St Silas Square, Birmingham, B19 1WQ

For further information about Community Foundation, please visit:

www.thecommunityfoundation.org.uk Facebook: communityfoundationuk

Tel:0121 238 3282