**Youth Ambassador Consent Form**

*All information given will remain confidential and only used by Youth Employment UK. It will not be passed to any third parties without yours or a parent/guardians consent.*

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| --- | --- | --- | --- |
| **Ambassador Details** | | | |
| Full Name |  | D.O.B |  |
| Ethnicity |  | Gender |  |

|  |  |
| --- | --- |
| Name/No. & Road |  |
| Town |  |
| City |  |
| Region |  |
| Postcode |  |
| Email |  |
| Phone no. |  |
| Social media consent | I **do/do not** consent to my social media handles being tagged in Youth Employment UK’s social media content |
| Social Handles | (Provide social media handles here and state which platform they are for e.g instagram) |

Please provide details of who we may contact in case of an emergency whilst working with/on behalf of Youth Employment UK

|  |  |  |
| --- | --- | --- |
| **Emergency Contact Details** | | |
| Contact Name |  |  |
| Relationship |  |  |
| Number |  |  |

|  |  |  |
| --- | --- | --- |
| **Medical Information/Any relevant information we should be aware of** | | |
| **E.g -** Allergies/Dietary/Medication Requirements | | |
| Please state any physical, mental health or learning disabilities/difficulties |  | |
| Have you suffered any contagious or infectious disease in the last 4 weeks? |  | |
| Have you received a tetanus injection in the last 5 years? |  | |

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| --- | --- |
| **Insert short bio here of who you are:** |  |
| **Why do you want to be an Ambassador for us?** |  |
| **What skills will you bring to our ambassador team?** |  |
| **What do you want to achieve with us?** |  |
| **What is your ideal job/career?** |  |
| **What are your future goals and aspirations?** |  |
| **What skills do you want to work on?** |  |
| **What are your interests?** |  |

*Please sign this section and if you are under the age of 18 ensure that a parent/guardian completes this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent** | | | |
| In the event of an emergency every possible effort will be made to contact the named emergency contact.  Where this is not possible, I consent to myself/the named young person receiving any medical treatment considered necessary whilst in the care of Youth Employment UK.  **Name: Signature: Date:** | | | |
| I consent to myself/named young person participating in the **Youth Employment UK Ambassador Programme** and understand that I may need to sign a separate consent form in the case of a one off event not naturally associated with Ambassador activities.  **Name: Signature: Date:** | | | |
| I consent to my/named young persons name, location and bio to be included on the website.  **Name: Signature: Date:** | | | |
| I consent to photos and videos of myself/the named young person being used to promote the work of Youth Employment UK and the Youth Ambassador programme.  **Name: Signature: Date:** | | | |