

Grimsby Telegraph Young Reporters

Application form

Please complete **ALL SECTIONS** of this application and consent form to apply.

Successful applicants will be notified within 2 weeks of the closing date. You will be required to attend fortnightly meetings for 2 hours on Tuesday teatimes for 3 months to discuss ideas and help edit each other's columns and write your columns outside the meetings.

This form can be printed and returned to **Jenny Hodson, Youth Leadership Manager, VANEL, 23, Bargate, Grimsby, DN34 4ss** or email to jenny@vanel.org.uk

Please Note - do not submit anything via skydrive or Gogledocs as we cannot access documents.

Name

Date Of Birth

Postal address

Email address

Do you require any additional support to help you take part in this opportunity?

Please tell us what you need if you require any special equipment, access arrangements or help to take part.

**What difference would you like to make by writing a column for Grimsby Telegraph?
(up to 250 words)**

Please tell us here what difference getting involved with this will make to you and what difference you would like to make to others or the community.

**What inspires you to want to write and what topic would you like to write about first?
(up to 250 words)**

Please tell us here about the issues you are passionate about and what you would like to do about them.

**What hobbies or experience do you have that is relevant to your application?
(up to 250 words)**

(Please use this space to tell us about your personal experience writing or your topic)

Where did you hear about this opportunity?



Voluntary Action North
East Lincolnshire

Youth Activity Consent Form

Parental Consent Form

YOUTH ACTIVITY CONSENT FORM

ACTIVITIES TO INCLUDE: Please tick the boxes you are happy for yourself/your child to participate in

- young reporters meetings appropriate training
- written work and submissions in-between meetings

Name of child/young person: _____

Date of Birth: _____ Tel/Mobile No. _____

Address: _____ Postcode: _____

Email address: _____

Parent/Carer's Name(s) _____ Relationship to named child _____

Tel No. _____ Mobile No. _____

Address (if different from young person): _____

_____ Post code: _____

Does the person named have any allergies YES / NO

If YES, please give details _____

Does the person named have any disabilities/ailments? YES / NO

If YES, please give details _____

Is the person named currently taking any medication? YES / NO

If YES, please give details _____

Is there any food/drink they are NOT allowed to have or special requirements? YES / NO

If YES, please give details _____

Any other information you feel we need to ensure the safety and enjoyment of the person named?

Photography, filming & recording consent

I give consent for Voluntary Action North East Lincolnshire to publish, republish or otherwise transmit still and moving images and audio of the person named on this form, for promotional, advertising, publicity and training purposes. This could include:

May we use your images for publicity, fundraising and advertising materials, including printed publications?

Yes / No

May we use your images for presentation, training and exhibition materials?

Yes / No

May we use your images for websites, social media channels and digital communications?

Yes / No

May we use your images for news media and their associated websites and social media channels including print, television and radio?

Yes / No

For publishing in the Grimsby Telegraph with the report written

Yes/No

I understand that still and moving images and audio will be stored electronically in accordance with Data Protection laws, normally retained for a period of five years from the date of signing. I have the right to withdraw this consent at any time by calling 01472 231123 or by writing to Jenny Hodson; VANEL; 23 Bargate; Grimsby; N E Lincs; DN34 4SS or emailing jenny@vanel.org.uk

Behaviour

Workers and young people are aware of how hurtful and damaging bullying is. It is expected that the young people working with the project do not take part in any kind of bullying while in the care of the project workers. While the person named is involved in the named activities, on their own or in a group, it is expected that they will not be rude or violent towards anyone for any reason. If your child is upset or annoyed with another person's behaviour, they will need to talk to the support worker(s). There will be consequences for any violence, physical or verbal abuse. This will not be tolerated.

Privacy statement

This activity/service is governed by the privacy policies of VANEL which can be found at <http://vanel.org.uk/va/about/privacy/>

We will process your personal data in accordance with all relevant Data Protection legislation, and only use your personal data collected on this form for the purpose of the named activity/service, unless otherwise required to do so by law. For further details about the processing of your personal data please see the Full Privacy Notice available <http://vanel.org.uk/va/about/privacy/>. Your personal details will be held securely for 7 years after the activity or until the 25th birthday of the youngest member involved whichever is the latest.

As the legal guardian of the person named, OR as the person named aged 16 years or over.

I have read and I fully understand and am satisfied with the details supplied about the above-mentioned activities and agree to the named young person taking part in them. I also hereby give my consent to any necessary medical treatment for the person named should this be required due to illness or injury.

Signed: _____ Date: _____

Relationship to child: _____ OR Completed by self if 16 or over (Please tick)

If there are any changes in circumstances, please contact the project immediately