

Have a Voice Council Membership form



If you are aged 12 to 17 and would like to become a member of the **Have a Voice Council** just fill in and return this form by post or by email using the details below.

Once we have received your form, we will get in touch so please write your phone number, address and postcode clearly. **Please write in capital letters.**

Your details:

 **Name:**

 **Date of Birth:**

 **School / college (if applicable):**

 **Carer email address:**

 **Your email address (if you have one):**

 **Address and postcode:**

 **Home telephone / mobile:**

A bit more information about you:

Do you use any of? Twitter Facebook Instagram WhatsApp Snapchat

Do you have a disability? yes / no / prefer not to say

Are you a looked after young person (in care)? yes / no / prefer not to say

Please tick below which best describes your ethnic origin:

White	Mixed	Asian / Asian British	Black / Black British	Other
English <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Arab <input type="checkbox"/>
Welsh <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Gypsy or Traveller <input type="checkbox"/>
Scottish <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Other Black background <input type="checkbox"/>	Roma <input type="checkbox"/>
Northern Irish <input type="checkbox"/>	Other mixed <input type="checkbox"/>	Kashmiri <input type="checkbox"/>		
Irish <input type="checkbox"/>		Pakistani <input type="checkbox"/>		
Other <input type="checkbox"/>		Other Asian <input type="checkbox"/>		

Please return this form to: Voice Influence and Change Team, PO Box 837, Leeds Civic Hall, Leeds, LS1 9PZ or email it to: vic@leeds.gov.uk

None of the information provided on this form will be reproduced or shared with anyone outside of Leeds City Council

