



East Riding County FA Youth Council
Application Form for 2019-2020 Season



Name:		Address:
Date of Birth:		
Mobile Number: (If under 18 – parent/guardian)		
		Postcode:
Email: (If under 18 – parent/guardian)		
Current Club you are associated with (if applicable):		
Area of football you are interested in?	(i.e refereeing/coaching/participation/women and girls/inclusion/other(please specify):	
Kit Size (t-shirt & jumper)		

TELL US A BIT ABOUT YOURSELF

What is your current involvement in football? How long have you been involved? What sorts of things are you involved in?

Why do you want to be part of the East Riding County FA Youth Council?

Please identify the skills and qualities you have that would make you suitable to be part of the East Riding County FA Youth Council.

Do you have any experience of working in a team? If so please give some examples.

What do you hope to achieve if chosen for the Youth Council?

Please give examples of how you are able to help others and support them with their progress.

Please use this space to add any additional information or evidence to support your application.

Thank you for taking the time to complete the above application.

If you have any questions regarding the East Riding County FA Youth Council please contact kirsty.leake@eastridingfa.com or 01482 221158 (Monday-Friday 9:30am-4:30pm)

Please note the closing date for all applications to be submitted is **5pm on Friday 29th November 2019.**

All information collected on this application form which includes personal data will be stored securely and only be used for the purpose of the East Riding County FA Youth Council. Once you leave the programme, this information will be destroyed. By completing this form you are agreeing for us to store this personal information.

Signed: _____ (Parent/Guardian if Under 18)

Print Name: _____ Date: _____