*(Please note all the key skills and experience may be ones you already possess OR will develop in the role)*

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Address:** |
| **DOB:** |  |
| **Mobile number:** |  | **Do you own a young person’s railcard?** |
| **Email:** |  | |
| **Twitter address:** |  | |

|  |  |
| --- | --- |
| **Youth Council Members** | |
| **Job Role** | **Key Characteristics** |
| **ALL** | * To help create, support, and connect with a network of Children and Young People in football across Liverpool County. * To represent the Youth Leaders at Liverpool County FA events. * Establish good rapport with all key partners, in particular other Youth Council colleagues, County FA staff, County FA Board members, Charter Standard Clubs and The FA National Game Youth Council. * Ensure that the youth council effectively implements and maintains the Liverpool County FA & The FA’s safeguarding policies and procedures. |

|  |  |
| --- | --- |
| **County FA Youth Council Roles** | |
| **Job Role** | **Brief Role Description** |
|  | * To help create a range of resources to support the empowerment of young people involved in grassroots football as both players and volunteers * Help get more people from BAME/Underrepresented Groups playing football * Help get more clubs having disability teams and making football more accessible for all * To proactively promote the work of The FA Youth Council & wider FA work with Young People |

***PERSONAL STATEMENT IN SUPPORT OF APPLICATION***

|  |
| --- |
| **Why would you like to join Liverpool County FA Youth Leaders? (Maximum of 200 words)** |
|  |

|  |
| --- |
| **What skills and experiences do you have that would be suitable for being a member of Liverpool County FA Youth Leaders? (Maximum of 200 words)** |
|  |

|  |  |
| --- | --- |
| **Do you have an in-date FA DBS Check?** | **As part of the benefits of joining BCFA Youth Leaders, all members will be provided with Nike branded kit. Please select your preferred size.** |
| Yes  No | Youth XL  XS  S  M  L  XL |

**Equality Monitoring Form**

Please indicate the option for each of the areas which most closely describes you. This monitoring form is voluntary and any information you supply on this form will be kept confidential.

**GENDER**

Female  Male  Transmale  Transfemale

Non-binary  Prefer to self-describe as \_\_\_\_\_\_\_\_  Prefer not to say

**ETHNICITY**

I am □ White – British □ Asian or Asian British - Bangladeshi

□ White – Irish □ Chinese or other Ethnic Chinese

□ Other White Background □ Other Asian Background

□ Black or Black British – Caribbean □ Mixed – White and Black Caribbean

□ Black or Black British – African □ Mixed – White and Black African

□ Other Black Background □ Mixed – White and Asian

□ Asian or Asian British – Indian □ Other Mixed Background

□ Asian or Asian British – Pakistani □ Other Ethnic Background

□ Prefer not to say

**DISABILITY**

Definition: The Disability Discrimination Act 1995 defines a disabled person as one who has physical or mental impairment which has substantial and long-term adverse effect on his/her abilities to carry out normal day to day activities.

Do you have a disability? Yes  No  Prefer not to say

If yes, what is the nature of your disability? Please describe any further support you may need so that we can best support you.

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