**North Riding County FA: Youth Voice Best Practice**

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| **Club Name:** |
| **Contact telephone number and/or email address:**(This will not be published, this is just for our correspondence with you) |
| **Youth Voice Project / Activity:** (please give a general overview of what you did or doing around Youth Voice) |
| ***What has been the impact of this work?****What impact has this activity had on your club? Have you discovered new things that has now changed the way you operate?* ***What do you hope to do next?*** |
| ***Next Steps****We may use your information for our Youth Voice Tool Kit or social media channels.**Someone from North Riding County FA will be in contact with you if you are happy for us to use & showcase the information you have described above.* |
| **Signed by Club Official:                                      DATE:** |
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| **Thank you for taking the time to complete this form and sharing your best practice** |

Please email this form back to Andy Clay andy.clay@northridingfa.com