**See My Voice Young Leader Application Form 2021/22**

By completing this form you are registering your interest to become a Young Leader for UK Deaf Sport as part of the See My Voice programme.  
  
See My Voice is a programme created to encourage young deaf people (14-19) to participate in a year long scheme to help them access sports volunteering roles within their local community. With the support of us and ongoing training, our aim is to provide our Young Leaders with meaningful volunteering opportunities in a field they want to progress in, in turn developing their leadership skills, increasing confidence and enhancing employability and future prospects.  
  
If there are any queries, please contact UK Deaf Sport - E-mail Sadie.lawson@ukds.org.uk  
  
This project has received funding from Sport England.

* Name\*FirstLast
* Date of birth\*MMDDYYYYPick a date.
* Gender\*

MaleFemaleOtherPrefer not to say

* Level of Deafness (please tick all that apply to you)

BSLHearing AidCochlear ImplantLip ReadOral

* Address\*

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        

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Country

* Email\*



* Confirm Email\*



* Phone Number\*



* **Parent/Guardian Contact Details**
* Name\*FirstLast
* Relationship to participant\*



* Contact Number\*



* School/College Address

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        

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Country

* Does your child stay at school or college during term time?

NoYes but only during term, goes home for holidaysYes but comes home on a weekendOther 

* Reasons for wanting to become a Young Leader
* Why would you like to be a See My Voice Young Leader? Begin to think about your personality and what you are good at? Do you have any experiences previously of leadership?\*



* What experience do you currently have in sport or volunteering? This can also be playing sport.\*



* What skills and knowledge would you like to gain during the See My Voice programme?\*



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* **UK Deaf Sport Terms and Conditions  
  These terms and conditions must be read and approved by the participant or a parent or guardian (if the participant is under 18 years old) by ticking the box below.  
  Terms & Conditions:  
  In order to ensure that activities are adequately staffed we need full and accurate information about all participants. Declaring any additional needs will enable us to put appropriate support in place. Please note we reserve the right to refuse admission to the programme or to ask a participant to leave the programme if the information given proves inaccurate or the conduct of the participant reaches an unacceptable level.  
  a. I/the applicant confirm(s) to have read all information sent, and agree(s) to participating in UK Deaf Sport's programme.  
  b. I understand that all activities I participate in on this programme are done at my own risk and I accept all responsibility. I agree not to bring any claim against the organisers or officers involved in this programme.  
  c. I/the applicant acknowledge(s) the need to behave responsibly at all times during the activity and that children must be accompanied by an adult throughout the duration of the event, if no prior consent approved.  
  d. I/the applicant confirm that this form has been completed accurately and have declared all the support needed. I/the applicant undertake to update UK Deaf Sport 's organisers should any information contained on the form or personal circumstances change.  
  e. In the event of an emergency/accident, the parent or guardian accompanying the participant will be made responsible for making a decision on any emergency dental, medical or surgical treatment, which may include the use of anaesthetics, as considered necessary by the medical authorities present.  
  f. Your information will be held by UK Deaf Sport in accordance with the Data Protection Act 2018. This data will not be shared or sold to any third parties. It will be used to evaluate the activities organised and will also be used to monitor and evaluate the effectiveness of our service against agreed outcomes. The information will be input into a central database and used to produce anonymous reports. You will be asked to complete evaluations following the project to help us evaluate the project delivery, better understand the needs of participants and influence future project developments.  
  g. The name and address details on this form will be held on the UK Deaf Sport secure database but will ONLY be used to let you know about similar news that may be of interest. The details are NOT passed to any third parties.**
* Accept Terms & Conditions

I the parent/guardian give permission for this applicant to become and UK Deaf Sport Young Leader (and UKDS Volunteer)I the parent/guardian give permission for this applicant to be photographed and videoed as part of the course qualification assessmentI the parent/guardian give permission for the applicant to participate in any project evaluation during and beyond their project term (essential)I the parent/guardian give permission for photos and videos of the applicant to be used on UKDS communication strands I the parent/guardian wish to receive future marketing communications from British Blind Sport (Optional)

* Consent of parent/guardian  
    
  Please type name in the box below

