



# Chilham Parish Council Youth Representative & Assistant Youth Representative Recruitment Form:

Name .....

Address .....

.....

.....

DOB .....

(Please write date of birth in : dd/mm/yyyy)

Age .....

Email .....

.....

Contact Number .....

# Youth Representative & Assistant Youth Representative Recruitment :Parental Consent Form:

The age group of Youth Representative and Assistant Youth representative we are aiming to work with are from Ages 17-25years : If you are under 18 years old please ensure that you submit the following **Parental Consent Form** which must be signed by a parent or guardian

My name is , Mr/Mrs/Miss/Ms .....  
the parent /guardian of .....who is my son( ) / daughter ( )  
) . I have read and fully understood the details of the Youth -Representative and Assistant Youth Representative Programme and am happy to give my permission /consent for my son /daughter  
.....  
to participate.

Signed : .....

Dated .....

I would like my son /daughter to be a Youth Representative /Assistant Youth representative for the village of Chilham ( ):( )Old Wives Lees: ( )Shottenden .

**On completion of the above Youth Representative /Assistant Youth Representative Recruitment Form and Parental consent Form if appropriate :Please return documents by email to the following :  
clerk@chilhamparishcouncil.gov.uk**

