

Where young people build success

Many thanks for expressing an interest in LiC, to take things further we need some information from you.
Please spare a few minutes to complete the following:

Name: _____

Male or Female _____

D.O.B (DD/MM/YYYY): ____/____/____

Address and post code: _____

Telephone: _____

Email: _____

1. How would you rate your own confidence in the following? (Please write your number in the box)
(5 is high confidence, 1 is low confidence)

1. I know what I am doing in the next 5 years

2. I can make those plans happen?

3. I am happy with my achievements?

4. I know what is important to me?

5. I know where to get information about activities?

6. I feel part of my community?

Are you currently working or Studying? , insert F for Full time and P for Part time

Studying Working Currently None

On a Scale of 1-5 tell us which of these you agree with (5 is Very likely, 1 is not likely at all)

1. I would like to go to University

2. I would like to own a Business one day

3. I would like to get onto an Apprenticeship soon

4. I would be happy in a full time Job



2. Tell us what projects or activities you would like to try out with LiC? *(Tick as many as you want)*

Music	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Sports (Please specify)
Film	<input type="checkbox"/>	Employability skills	<input type="checkbox"/>	_____
Drama	<input type="checkbox"/>	C.V. building	<input type="checkbox"/>	Other (Please specify)
Dance	<input type="checkbox"/>	Revision classes	<input type="checkbox"/>	_____
Visual Arts	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	

3. Which of these describe your background the best? *Please tick one only.*

Asian or British Asian
 Indian
 Pakistani
 Bangladeshi
 Other Asian background,
 Which is _____

Black or Black British
 African
 Caribbean
 Other Black background,
 Which is _____

Mixed/dual heritage
 White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed heritage background,
 Which is _____

White
 British
 Irish
 Traveller of Irish heritage
 Gypsy/Roma
 Other White background,
 Which is _____

4. Do you consider yourself to have a disability?

Yes/No

5. Tell us more about your disability?



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How did you hear about us?

Sometimes we will take photos of our projects, please sign below if you are happy for us to take and use pictures of you participating in LiC activities.

Signed: _____ (if under 18 we need a Parent/ Guardian signature)

Date: __/__/__

Thank you for completing this form, once we have received it a member of the team will get in touch with you.

You can email your form to a member of the team at info@leadersincommunity.org or hand deliver/ post the form to our office at 25a Limborough House, Off Wallwood Street E14 7AW

