

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)

	Disagree			Agree	
1. I feel positive about my future	1	2	3	4	5
2. I can take action to achieve my goals	1	2	3	4	5
3. I am happy to speak up for myself and others	1	2	3	4	5
6. I feel I can overcome challenges I face	1	2	3	4	5
5. I know where to get information about activities?	1	2	3	4	5
6. I feel part of my community?	1	2	3	4	5

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

 Studying 

 Working 

 Currently None 


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On a Scale of 1-5 tell us which of these you agree with

	<i>Disagree</i>					<i>Agree</i>
	1	2	3	4	5	
1. I would like to go to University	1	2	3	4	5	
2. I would like to own a Business one day	1	2	3	4	5	
3. I would like to get onto an Apprenticeship in the future	1	2	3	4	5	
4. I would be happy in a full time Job	1	2	3	4	5	

**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 \_\_\_\_\_


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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?

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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](mailto:info@leadersincommunity.org) or hand deliver/ post the form to our office at 25a Limborough House, Off Wallwood Street E14 7AW

