

**Take Over Challenge- With Me 4 Me - Monday 25 November 2019**

Application pack

Closing date for applications 12pm, Friday 25 October 2019

### Please return forms to your contact teacher or support worker or send by post or scan and email to the contact below

**Heather Livermore**,

145 King Street,

Hammersmith

London, W6

Email: [takeover@lbhf.gov.uk](mailto:takeover@lbhf.gov.uk)

**Part 1- Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Young person** | | | | |
| First Name |  | Address | |  |
| Surname |  |
| DoB |  |
| Contact no |  | Email |  | |
| School/ College Name |  | School/ College Address | |  |

**Part 2. About you**

|  |
| --- |
| Describe a bit about yourself, your hobbies, interests and what you’re thinking of doing in the future |
|  |

**PART 3 - Parental consent and photography/filming permission**

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### HAMMERSMITH AND FULHAM COUNCIL

**THIS CONSENT FORM MUST BE COMPLETED AND SIGNED BY THE PARENT / CARER**

|  |  |  |
| --- | --- | --- |
| Name of Project: **Take Over Challenge with Me 4 Me – Monday 25th November 2019** | | |
| Full Name and Address of Young Person  Post Code Tel No | | |
| Date of Birth | | |
| Gender: or Prefer not to say | | |
| Identified Ethnicity:  White:  British  Irish  Traveller of Irish Heritage  Gypsy / Roma  Any Other White Background | Mixed:  White & Black Caribbean  White & Black African  White & Asian  Any Other Mixed Background | Asian or Asian British:  Indian  Pakistani  Bangladeshi  Any Other Asian Background |
| Black or Black British:  Caribbean  African  Any Other Black Background | Other Ethnic Groups:  Chinese  Any Other Ethnic Group  Prefer Not to Say |  |
| Name and address of Parent / Carer / Guardian (for emergencies)    Post Code:    Home Tel No:  Work Tel No:  Mobile No: | | |
| Please give any details of any medical, allergies or additional needs, that we need to be aware of: | | |
| To Be Completed by Parent/Guardian  I **CONSENT** TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARTICIPATING IN ALL ACTIVITIES AND BEING AWAY FROM SCHOOL FOR THE DAY  *(please note: School staff have been contacted direct by the youth involvement team and the relevant permissions have been given to allow selected pupils to take part in the event. A letter will be sent to schools once young people’s involvement has been confirmed)*.  I have ensured that my child understands that any rules and instructions given by staff must be obeyed. I undertake to inform the Take Over Day leader (**Brenda Whinnett** 07827357941) of any changes in my child’s circumstances. I am in agreement that those in charge may give permission for my child to receive medical treatment in an emergency.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: (in block capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to young person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Photography permission for Take Over Day Your daughter/son is participating in Take Over Challenge on **Monday 25th November 2019**.  We are hoping to photograph/video some of the young people taking part in the event. The photographs/video clip(s) may be used for publicity purposes and could appear in local newspapers and other publications. Names and ages of young people may be requested by photographers attending and used for captions.  If you **DO NOT** wish your daughter/son to appear in photographs, please sign the slip below and return directly. If we do not receive a response by Friday 16th November 2019, we will assume you are happy for your daughter/son to appear in the photographs. Many thanks for your cooperation. | | |
| I DO NOT wish my child  Name of child: (in block capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to be photographed during the Youth Take Over Day event on 25th November 2019  Signature of Parent/Carer/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: (in block capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Next steps**

Successful applicants informed by Friday 15 November 2019 and will be sent an information pack with details of dress code, contact details and directions of where to go on the day.

Unsuccessful applicants will be sent a list of other opportunities so even if you don’t get to take part- you can still ‘take over.’

**Monday 25th November 2019** - Take Over Challenge!