



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

Part 1- Details

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

Part 2. About y	/ou				
Describe a bit	about yourself,	your hobbies, intere	ests and what you	re thinking of doing in the future)
HAMMERSMIT	H AND FULHA			THE PARENT / CARER	
Name of Proje	ct: Take Over (Challenge with Me	4 Me – Monday 2	5 th November 2019	
Full Name and	l Address of Yo	ung Person			
Post Code			Tel No		
Date of Birth					
Gender:			or	Prefer not to say	
Identified Ethr	icity.		<u> </u>		

Mixed:

White & Black Caribbean

White & Black African

Any Other Ethnic Group

White & Asian

☐ Any Other Mixed

Other Ethnic Groups:

Background

Chinese

White:

British

Irish

Background

Caribbean

African

Traveller of Irish Heritage

Gypsy / Roma
Any Other White

Black or Black British:

Asian or Asian British:

Indian

Pakistani

☐ Bangladeshi ☐ Any Other Asian Background

Any Other Black Background 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 25 th 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!