

Application form

Please return your complete application form with any other evidence to your Host Organisation* (details on page 6) by **12:00 on Monday 12th September 2011**. For this form in a different format please see **Page 6**.

Full name	<input type="text"/>	Age	<input type="text"/>	Date of birth	<input type="text"/>	
Contact address	<input type="text"/>	E-mail address	<input type="text"/>			
		Contact number	<input type="text"/>			
		Preferred contact	<input type="checkbox"/>	Phone	<input type="checkbox"/>	E-mail

Please tell us about yourself using the questions below. Please keep your answers to a couple of paragraphs and no more than **500 words** per question.

What is your proudest moment and why?

Tell us about a time when you were out of your comfort zone, what did it feel like? How did it change you?

Tell us about a time when you changed something by influencing others

*An organisation which is hosting a changemaker (you) for a minimum of 10 days over a period of 6 months.

Where do you aspire to be in 5 years? How do you see yourself getting there?

What are you passionate about?

You don't need to just answer in writing (although you can if you want to) but if you would like to express your passion in a different way (e.g a song, video, poem or any way that you feel comfortable with) that's fine by us. Just make sure to your Host Organisation (see page 6 for details) along with this application.

Why should you be given this opportunity?

1. Education

School / College / University Attended	Dates		Qualifications obtained
	From	To	

2. Other training

Dates		Course description
From	To	

3. Employment history

Name of employer:			
Address:			
Date from:		To:	
Position held:			
Summary of main responsibilities:			

Name of employer:			
Address:			
Date from:		To:	
Position held:			
Summary of main responsibilities:			

4. Voluntary roles

Organisation name:			
Address:			
Date from:		To:	
Position held:			
Summary of main responsibilities:			

Organisation name:			
Address :			
Date from:		To:	
Position held:			
Summary of main responsibilities:			

5. References

Name	
Occupation	
Postal Address	
Post code	
Telephone (day)	
E-mail address	
Relationship to you	

Name	
Occupation	
Postal Address	
Post code	
Telephone (day)	
E-mail address	
Relationship to you	

6. Consent to participate and other important information

Consent form

The following consent form MUST be completed either by the participant or consenting adult (if the participant is younger than 18 years old). All sections are required. This consent form is the agreement of the participant/consenting adult for the participant to take part in all Changemakers events and activities.

As this is a digital document returning this document via the participant's / consenting adult's email address, serves as proof of consent and signature.

Full name of consenting adult	
Relationship to participant	
Home Address of consenting adult	
Contact number(s) for consenting adult	
Email address for consenting adult	

Two emergency contact details for the participant

Full name of emergency contact	
Relationship to participant	
Home Address of emergency contact	
Contact number(s) for emergency contact	

Full name of emergency contact	
Relationship to participant	
Home Address of emergency contact	
Contact number(s) for emergency contact	

Medical and dietary information

Name of Doctor/GP	
Telephone number	
Address	

Medical and dietary information continued

Please give details of any medical conditions, allergies and current medication	
Does the participant have any allergies to any medication? If yes, please give the details	
Please give details of any special dietary requirements	(e.g. Halal)
Has the participant been vaccinated against tetanus?	Yes No Date of booster:
Will the participant be bringing any prescribed medication to events that should be handed in at registration?	
Is there anything else you think we should be made aware of?	

In the event the participant (if under the age of 18) must be collected from a Changemakers event, please supply the details of three adults who whom they may be released (you will be required to provide photo ID upon collection). If the participant is over the age of 18 you/they do not have to supply these details.

Full name	
Relationship to participant	
Contact number(s)	

Full name	
Relationship to participant	
Contact number(s)	

Full name	
Relationship to participant	
Contact number(s)	

Agreement of consent

I have read the supporting information and confirm it is correct and agree to (insert the name of the participant) taking part in the Changemakers event/activity.

I agree to the participant receiving medication as instructed and any emergency dental, medical, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I consent to photos and video footage of the participant being taken during the event/activity which may be used for future promotional purposes by Changemakers (Changemakers will also seek consent of the participants themselves). This includes:

Including on printed materials and the Changemakers website: Yes No

By third party media who may be invited to take photographs of the activities: Yes No

Information for parents/guardians and young people

Agreement between young people and Changemakers: We will be asking all who participate in Changemakers events to sign up to a code of conduct. If their behaviour breaks this code of conduct, we will ask participants to leave the event. The cost of this extra travel will be met by the participant. Any participant's under the age of 18 in possession of alcohol; and any participant found with illegal drugs will have them confiscated and the incident reported to the consenting adult and to the police. The code of conduct is intended to be a reciprocal agreement between all participants and workers attending the event. It will usually cover things like use of abusive or derogative language, racist, homophobic sexist, or violent behaviour. We will also not tolerate damage to personal or public property or behaviour that puts others at risk. We have carried out a thorough risk assessment for all activities and venues that we will be participating in. If you would like to see this, please contact Changemakers. Details are provided at the bottom this page.

7. Declaration

If your application is shortlisted we will be in touch by **Wednesday 14th September 2011** to invite you the next stage of the process which is a regional selection day.

	Birmingham	London	Newcastle
Assessment day	23 rd Sept 2011		21 st Sept 2011
Inspire residential	15 th —19 th Oct 2011		
Develop module: It's all about you	15 th , 16 th Nov 2011		17 th , 18 th Nov 2011
Develop module: Crisis	6 th , 7 th Dec 2011		8 th , 9 th Dec 2011
Develop module: Campaign in a day	10 th , 13 th Jan 2012		12 th , 13 th Jan 2012
Midpoint event	16 th Jan 2012		18 th Jan 2012
Develop module: Tribe	15 th , 16 th Feb 2012		
Develop module: Articulate	13 th , 14 th Mar 2012		15 th , 16 th Mar 2012
End of programme event	29 th March 2012		
Develop module: The big event	10 th , 11 th Jan 2012		12 th , 13 th Apr 2012

Information correct at date of printing. Changemakers reserves the right to change the above dates. Participants can be held liable for expenses incurred as a result of non-attendance.

I confirm I am able to attend all of the dates for the Organisational Development Programme.

I confirm I am available on a flexible basis to complete a project of a minimum duration of 10 days between a six month period of October 2011—March 2012.

Part of the Organisational Development Programme is monthly meeting in your region:

Which region would you be willing to travel to on a monthly basis? Birmingham London Newcastle

You should tick this declaration only after you have completed the whole form.

I declare to the best of my knowledge and belief that the information given on this form is correct

Name	
Date	

Submission details

Please return your complete application form with any other evidence to by **12:00 on Monday 12th September 2011**. When completing this form electronically please type your name into the 'Name' field. Returning this document via your email address will be proof of signature.

If you need this application form in a different format please contact recruitment@changemakers.org.uk.

Equal opportunities monitoring form

Application for the Changemakers Organisational Development Programme

Changemakers is firmly committed to equality of opportunity to ensure that no application receives less favourable treatment on the grounds of race, religion, gender, marital status, age, disability or sexuality.

The answers you provide here will be treated in the strictest confidence and will only be used for statistical monitoring. The information on this page will NOT be available to the shortlisting panel.

Are you Female Male Transgender I prefer not to say

Please state your post code Date of birth

Do you consider yourself to have a disability? A disability is something that can be physical or mental and affects your day-to-day life. It can take many forms, e.g. needing to use a wheelchair, having a long term illness, severe asthma, dyslexia, epilepsy, ME, depression or anxiety.

Yes No I prefer not to say

If yes, how can we assist you?

Please tell us what your ethnic background is

Asian/Asian British Bangladeshi Indian Pakistani Other Asian

Black/Black British African Caribbean Other Black

Chinese Chinese

Dual Heritage Black African & White Black Caribbean & White Asian & White Other Dual Heritage

Roma & Travellers Roma Irish Traveller Other Traveller

Middle Eastern Arab North African Iraqi Kurdish
 Other Middle Eastern

Other ethnic group (please specify)

I prefer not to say

Religion or belief

Buddhist Christian (all denominations) Hindu Jewish

Muslim Sikh None I prefer not to say

Any other religion or belief (please specify)

Are you in Education, Employment or Training?

Employment Self-employed Education/ Learning Training

Other Not in employment, education or training I prefer not to say

Do you have any educational qualifications?

- No Qualification Below Level 2* Above Level 2 NVQ or equivalent
 A-Level Degree Post-graduate I prefer not to say
Other (please specify)

** Level 2 is 5 GCSEs at grade A*-C, including Maths & English*

What is your sexual orientation?

- Heterosexual/straight (*attracted only to members of the opposite sex*)
 Gay/lesbian (*attracted only to members of the same sex*)
 Bisexual (*attracted to both men and women, though not necessarily to the same degree*)
 Other I prefer not to say

Do you consider yourself to belong to any of these other groups?

- Low Income Homeless At risk of exclusion In, or leaving care
 Offender/ Ex-Offender Lone parent Refugee/ Asylum Seeker Young carer
 I prefer not to say

Do you face challenges due to:

- Problems with numbers/ maths Problems with reading/ writing
 Mental Health issues Workless household
 Drug issues Alcohol issues
 Rural isolation Problems in my relationships with my family/ friends/ partners
Other (please specify) I prefer not to say