



# Leading Together for a Change! Application Form



## Application Form

### Top Tips for filling out the form:

- Take your time
- You do not have to write down your answers, you could draw them or send us a film
- Ask someone to help you. It is always easier if you talk about your ideas with someone else
- Try to tell us as much as possible
- There is information we need about your course buddy. Please get them to complete this part of the application form.

Make sure you get your form back to us by **15<sup>th</sup> February 2019**.



### Who are we looking for?

- You have some experience of being a leader
- You want to work together with others to change things
- You understand the commitment to the course and can make the dates
- You are willing to give time outside of the course to work on your project
- You want to learn and develop yourself



**Everyone who takes part in the course is asked to agree that:**

- We will be honest with ourselves and each other
- Everyone has something to learn
- Everyone can contribute
- We all have prejudices we need to challenge
- Everyone has a responsibility for how they act
- Everyone is responsible for what they get out of the course
- Everyone is responsible for making the course run well



**Personal Details**

Name

Address

Telephone  
Number /  
Email

Date of  
Birth

**1. Tell us one thing you have done that you are really proud of.**

Answer:



**2. What experience do you have of being a leader?**  
This might be through school or a community group.

Answer:



**3. Why do you think that you should get a place on this course?**

Answer:



**4. How do you think you will use the things you learn on this course in the area you live?**

Answer:



## References

**Please tell us about 2 people who will be your referees.**  
People who will back up what you say in your application.

**Person 1 – a professional reference, someone who you have worked with to make change happen. This could be a teacher, social worker, community group leader etc.**

Name:

Relationship to you:

Address:

Telephone:

Email:

**Person 2 – a personal reference, someone who can tell us about your personal skills. This could be a friend, family, school staff etc.**

Name:

Relationship to you:

Address:










Telephone:





Email:

## Inclusion Checklist

We would like to get some information from you about how best we can fully involve you on the course. We will **not** use this information to decide who is given a place on the course.

If we need any more information about how best to support you, we will get in touch with you well before the course starts.

To include me, please consider (x)		Comments
Hearing		
Vision		
Physical		
Medical		
Speech		
Language		
Religion		
Social interactions		
Food		

Mental health			
Literacy			
Environment			
Gender or sexuality			

Other things that would support my involvement:

Other things that would get in the way of me participating:

**Personal Assistant or Support Provider information:**

If coming with support in addition to your buddy please provide details of who here:



# Course Buddy Information



<b>Name</b>	
<b>Address</b>	
<b>Date of birth</b>	
<b>Phone / Email</b>	
<b>Relationship to you</b>	
<b>Commitment to course</b>	
<b>Other information</b> Study or employment information, skills, interests etc.	
<b>DBS check</b> Details of current DBS or form below completed	





Thank you for completing this application form.

Please send this and your buddy information to us by **15<sup>th</sup> February 2019.**

To:

Judith Baker

Inclusion North

Suite 4

Unity Business Centre,

26 Roundhay Road

Leeds

LS7 1AB

Or email [judith@inclusionnorth.org](mailto:judith@inclusionnorth.org)

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