

**EXPRESSION OF INTEREST FORM**

Please fill in the application form and return it to: yab@saverauk.co.uk

**ABOUT YOU**

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| **Full Name:** | |  | |
| **Date of Birth:** |  | **Age:** *(Savera UK Youth is ages 11-25 only)* |  |
| **Gender:** *(You can also add your preferred pronouns here)* | |  | |

**CONTACT**

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| --- | --- | --- | --- |
| **Address:** |  | **Postcode:** |  |
| **Contact Number:** | | | |
| **Are you happy to be contacted by the Savera UK Youth programme manager on the number given?** | | YES  NO | |
| **Email Address:** | | | |
| **Are you happy to be added to our mailing list so you can be contacted about Savera UK Youth projects & Savera UK news?** | | YES  NO | |

**INTEREST**

|  |  |
| --- | --- |
| **Where did you hear about us?** |  |

*(Tick all that apply)*

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| **Would you like to be part of the Savera UK Youth programme and be part of future projects? Find out more:** <https://www.saveraukyouth.co.uk/youth-projects/> | YES  NO |
| **Would you like to be part of the Savera UK Youth Board? Find out more:** <https://www.saveraukyouth.co.uk/youth-advisory-board/> | YES  NO |

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| **Why do you want to join the Savera UK Programme? (100 words max.)** |
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