**Application Form**

**Young Healthwatch**

Young Healthwatch is a group for young people - in and around Westminster and Kensington and Chelsea - committed to influencing the design and delivery of health services through listening to the experiences of others, and to provide information on existing mental health support to young people: <https://healthwatchcwl.co.uk/young-healthwatch/>

**How do I take part?**

Please fill in the form below and email it to: [alex.weston@healthwatchcentralwestlondon.org](mailto:alex.weston@healthwatchcentralwestlondon.org)

Office: **0208 968 7049** / Mobile: **07734962257**

**Healthwatch Central West London**

We are an independent charity working to ensure your voice counts when it comes to shaping and improving local health and care services [www.healthwatchcwl.co.uk](http://www.healthwatchcwl.co.uk)

*We are happy to speak to parents/guardians if you have any queries or require further info, please call and ask to speak to Alex or send an email.*

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| --- | --- |
| **Name:** | **Age:** |
| **Postcode:** | **Do you use services in Westminster or RBKC?** |
| **Where did you hear about us?**  **OMIT** | |
| **Email:** | **Mobile:** |
| I want to take part because… (100 words) | |
| Training/activities I’d be particularly interested in include: | |
| How much time do you have available? Please circle  A few hours per week  A few hours per month  A few days per month | |
| Do you have any additional needs it would be useful for us to know about and are there any reasonable adjustments we can make for you (e.g. wheelchair access etc) | |
| **I would like to become a member of Young Healthwatch Westminster. I understand that by providing my details, I agree to the storage of my details for 2 years. Please tick:** | |
| **Parental/Guardian consent: *(for under 16s only)*** | |
| **Parents/Guardian full name:** | |
| **Address:** | |
| **Email:** | **Phone** |
| I consent to my child being involved and working with Healthwatch to address issues relating to health and care in Westminster.  I agree to my child taking part in activities including training and research projects that will enhance their skills. | |
| **Please sign:** | **Date:** |