

**Digital Health Ambassadors Application Form**

**Section 1: Your details**

**Name:**

**Date of birth:**

**Home address:**

**Postcode:**

**Email:**

**Mobile:**

**Current occupation** **(student at school, college, university, in work, unemployed):** *\*We welcome applications from all categories.*

**Name of your school/college/university/youth organisation/employer:**

*If you are under 18 years old, please ask your parent/guardian/carer to provide the following details too. We will require written permission from them before we can confirm your place.*

**Name of parent/guardian/carer:**

**Home address:**

**Postcode:**

**Email:**

**Mobile:**

**Section 2: More about you**

1. **Why do you want to become a Digital Health Ambassador?**
2. **Which issues are you most interested in addressing and why?** *(e.g. Anxiety, bullying)*
3. **Why do you think you should be selected for the project?** *For example, you might have specific skills, knowledge or life experiences you’d like us to know about.*
4. **Please tell us about yourself. Use up to 100 words to sum up your personality, interests or strengths.**

**Section 3: Your availability**

**We will be holding the first event via Zoom on 19th April 2023 5pm – 6:30pm**

Are you available to attend? Yes [ ] No [ ]

*(Please note: If you cannot attend on this date, please still apply and just let us know details of your availability)*

**Section 4: Diversity monitoring information**

Partnership for Young London is committed to promoting equality and diversity. We ask you to complete this form so that we can monitor and analyse information about the diversity of the people who apply. Any information you provide will be treated as strictly confidential. No information will be published or used in any way that allows any individual to be identified. **You are not obliged to answer the questions on this form.** If you do not wish to answer a question simply answer ‘Prefer not to say’.

1. **Your gender** (please put an tick in the appropriate box)

Male Female Non-binary/other

Prefer not to say

1. **Your sexual orientation** (please put an X in the appropriate box)

Bisexual Gay man Gay woman/lesbian

Heterosexual Other Prefer not to say

1. **Your religion or belief** (please put an X in the appropriate box)

None Buddhist Christian

Hindu Jewish Muslim

Sikh Any other Prefer not to say

1. **Your ethnic origin** (please put an X in the appropriate box)

**White**

British English Welsh Scottish

Northern Irish Gypsy or Irish Traveller Other

**Mixed/multiple ethnic background**

White and Black Caribbean White and Black African

White and Asian Any other/ multiple ethnic background

**Asian/Asian British**

Bangladeshi Chinese Indian Pakistani

Any other Asian background

**Black/African/Caribbean/Black British**

African Caribbean

Other Black/African/ Caribbean background

**Other ethnic group**

Arab Any other ethnic group Prefer not to say

1. **Do you consider that you have a disability?**

Yes No Prefer not to say

**Section 5: When will I hear back?**

Please email your application form back by **6th April 2023** to [Shelby.Davies@cityoflondon.gov.uk](mailto:Shelby.Davies@cityoflondon.gov.uk)

We will conduct interviews with shortlisted candidates on zoom. All applicants will be informed of the decision by **14th April 2023**

If you have any other questions, please email [Shelby.Davies@cityoflondon.gov.uk](mailto:Shelby.Davies@cityoflondon.gov.uk)

**Section 6: How will you protect my privacy?**

Your privacy is really important to us. By filling in this application form, you are consenting to Partnership for Young London using your personal information to keep in touch with you over the course of this project. If your application is not successful, or you decide to withdraw your application, we will delete your personal data from our files.

If you want to withdraw your consent at any time you can contact me [Shelby.Davies@cityoflondon.gov.uk](mailto:Shelby.Davies@cityoflondon.gov.uk)

**We look forward to receiving your application!**