



YOUTH INDEPENDENT ADVISORY GROUP (IAG)



Please return form via Email to: SEmailbox-youthengagementteam@met.police.uk

1. APPLICANT

Title (Mr/Mrs/Miss/Ms)		Last Name	
Forenames			
Previous Last Name (if applicable)			
Date of Birth		Current age	
Place of Birth			
Nationality			
Address			
Tel no		Mobile	
Email			

2. NEXT OF KIN

Title (Mr/Mrs/Miss/Ms)		Last Name	
Forenames			
Previous Last Name (if applicable)			
Address if different from above			

3. APPLICATION

Why do you wish to become a member of the Youth Independent Advisory Group?

What do you think can improve relations between Young People and the Police service?

Additional information:

4. ETHNICITY

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/African/Caribbean/Black British

- Caribbean
- African
- Any other Black/African/Caribbean background

Asian/Asian British

- Arab
- Any other ethnic group

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background

White

- English
- Northern Irish
- Scottish
- Welsh
- British
- Irish
- Gypsy/Irish traveller
- Any other White background

Rather not say

- Rather not say

5. AGE

- 10 - 14 45 - 54
 15 - 19 55 - 64
 20 - 24 65+
 25 - 34 Rather not say
 35 - 44

6. SEX

- Male (M)
 Female (F)
 Rather not say

7. SEXUAL ORIENTATION

- Heterosexual
 Gay man
 Lesbian
 Other
 Rather not say

8. GENDER RE-ASSIGNMENT

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

- Yes No Rather not say

9. RELIGION

- No religion
 Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 Atheist
 Any other religion
 Rather not say

10. DISABILITY

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

- Yes, limited a lot Yes, limited a little No Rather not say

If you selected yes, please indicate your disability:

- Vision (e.g. blindness or partial sight) Hearing (e.g. deafness or partial hearing)
 Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)
 Learning, concentrating or remembering Mental health
 Stamina or breathing difficulty
 Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)
 Other impairment Prefer not to say

11. CARER RESPONSIBILITY

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability
- Problems related to old age

- Yes No Rather not say

.....
If you selected yes, please indicate your caring responsibility (select all that apply)
.....

- Primary carer of a child/children (under 18)
 Primary carer of disabled child/children
 Primary carer of disabled adult (18 and over)
 Primary carer of older person (65+)
 Secondary carer
 Rather not say