

Youth Board/ Young Adult's Group (YYA)

Registration Form

(If you need help to complete this form, please contact Joyce Stebbings on 07815524454
or email: joyce.stebbing@uhs.nhs.uk)

Return completed forms with your signed Photo Consent Form, Pledge and Proof of Age to Joyce Stebbings, Youth and Play Services Manager, G level, Southampton Children's Hospital Tremona Road, Southampton, Hampshire, SO16 6YD

In line with the Trust Data Protection and Confidentiality Policy, 2013 all information provided on this form will be kept strictly confidential and will not be shared without your prior permission.

Safeguarding

In order to protect all our Youth and Young Adult members we have put the following safeguards into place.

Under 13's – Will not be able to access the Youth and Young Adults Group (YYA) Facebook page. All information and updates will be sent out via email. Parental Consent must be received and documented before this can happen.

Under 16's – Parental / Carer's permission must be received and documented before you can join the Youth and Young Adults Facebook page. This also applies to contact from us and other YP members via facebook and email.

16+ In line with our volunteer service all over 16's will need to complete a Disclosure and Barring Service (DBS) check before you can join. (We will supply you with the relevant information on how to fill it in and what you need to bring). A Photograph Consent form will also need to be signed so that any photographs taken during the meetings or consultations can be used for media and social media publications or poster.

Name: How would you preferred to be called? (if different from above)	Address:
Date of Birth: 	Current Age:

Contact Details

Home Telephone:

Mobile:

Email:

Information About Your Parent/ Carers
 (In case of an emergency or we are unable to contact you)

Name:

Address:

Contact Details

Home Telephone:

Mobile:

Email:

Your Experience

Are you: (Please Tick)

A Patient:

Ex Patient:

A Sibling of a Patient:

If you have been a patient please tick which hospital or both if transitioned.

Southampton Children's Hospital Southampton General Hospital

Other Connection: (Please give details)

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Additional Support

Please let us know if you have any additional needs we need to be aware of. (e.g. font size or type, paper colour, communication support or allergies etc.)

Team Working:

As part of the wider Youth Board and Young Adults Group you may be asked to take part in group discussions or projects.

Please tick the correct box to show your experience or confidence in these areas.

- 1 = lots of experience and able to share
- 2 = Some experience but not so confident in using
- 3 = Little to no experience in this area

	1	2	3
Reading Information and making suggestions to change or improve			
Being an active member in group discussions			
Public speaking and attending meetings			
Meeting and asking questions with health professionals			
Helping decision making in a group			
Completing surveys			
Being part of a small project group			
Being with and supporting children, young people or young adults with a learning or physical disability			
Being with and supporting children, young people or young adults with emotional and behavioural difficulties			

Your Skills, Experience and Goals

Write a few lines on what being a part of YYA would mean to you?

What interests, experience or skills do you think you may bring to the YYA?

Your Commitment to YYA Group

As a member of the YYA we expect you to attend 3 sessions a year held at Southampton Children’s Hospital/ Southampton General Hospital. Young People and Young Adults also need to commit to respond to discussions via the YYA Facebook page and email. At specific times members may be asked to take part in ward reviews/ inspections, hospital projects and consultations. Plenty of notice will be given for these.

Print Name	Signature	Date

Which group would you like to be part of:- (Please Tick)

Youth Board Young Adults Group

Children and Young People Under 16 years

On reviewing the information provided regarding the Youth and Young Adult’s Group I give my consent for my son/ daughter (please circle) being contacted directly by the YYA administrators via e-mail.

Print Name	Signature	Date

The Youth Board and Young Adults Group Pledge (YYA)

As a member I will:

- Look through and complete the Youth and Young Adult Group Registration Form.
- If over 16, I will submit all required documentation necessary to complete my DBS check.
- Attend induction and training set out in collaboration with the Volunteer Service.
- Follow the NHS Trust Health and Safety Policies at all times.
- Listen to and respect other's opinions even if they differ from my own.
- Support and interact positively with all members of the YYA, giving them time (if needed) to actively take part in discussions and projects.
- Be polite to my peers and Healthcare Professionals
- Keep all hospital information regarding services/ activities carried out by the group confidential unless otherwise stated.
- Be honest and clear about what can be achieved.
- Maintain at least a minimum commitment to the YYA as detailed below:-
 - Attend at least 3 sessions a year held at Southampton Children's Hospital/ Southampton General Hospital. Dates and times will be given in advance.
 - Engage fully throughout discussions and maintain a constructive contribution.
 - Respond to discussions via the YYA Facebook page, email or during meetings
 - Take part in activities to support and develop services for Southampton Children's Hospital/ Southampton General Hospital
 - Keep other YYA members and administrators informed by posting on the facebook page or email.

ALL members of the YYA will:

- Notify the YYA administrators in advance whether you are attending or are experiencing any delays or difficulties getting to meetings.
- Present receipts when claiming expenses for travel.

I confirm that I or my son/ daughter (please choose) will follow the YYA pledge.

Print Name	Signature	Date