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**Young People’s Voice**

**Request Form**

**Project title:**

|  |
| --- |
| **Young people required:** |
| Members of Youth Parliament | Young advisors  | Young commissioners  | Young people  | Youth Council |
| Primary   |  Secondary  | SEND  | LGBTQ | Other (please state) |
| **Number of YP required:**  |

|  |
| --- |
| **Timescales:**  |
| Date: |
| Time: (start to finish) |
| Venue: |
| Room number: |

|  |
| --- |
| **Project Brief, what are the requirements?** |
|  |

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|  **Impact on the Children’s and Young Peoples Plan (please explain)** |
| Healthy and Happy |
| Safe |
| Equality  |
| Achievement  |

|  |
| --- |
| **Your details and contact number:** |
| Contact Name: |
| Service area: |
| Contact number : |
| e-mail: |
| Date: |

Please return this form to: yourvoice@doncaster.gov.uk

**FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE RECEIVED**  | **ACTIONED BY** | **NO OF YP ATTENDING**  | **COST**  | **INVOICED**  |
|  |  |  |  |  |