



**CHILD AND YOUTH COUNCIL  
INDIVIDUAL APPLICATION TO BE A MEMBER**

The Child and Youth Council (CYC) is a new programme of Save the Children New Zealand that is lead by young people.

The CYC is the voice of children and young people at Save the Children. The CYC helps to advise the Save the Children Board and staff on matters of interest to children and young people. The CYC works with Save the Children to engage with government and policy makers to improve the wellbeing of children and young people in New Zealand.

Membership is free and open to all children and youth in New Zealand under the age of 18. When you turn 18 you automatically become part of the Alumni Group which mentors and provides support to the younger members.

*I am interested to become a member of the CYC.*

Your full name: \_\_\_\_\_

School: \_\_\_\_\_ Region \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How old are you? \_\_\_\_\_ Birthday date/month/year: \_\_\_\_\_

Are you... female male

What ethnicity are you?							
Maori	European	Pacific Islander	Asian	African	Middle Eastern	Other	
		Samoa					
		Papua New Guinea					
		Solomon Islands					

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Child & Youth (Print full name)                      Signature

**Parent / Guardian/ School/ Community Organisation consent**

I give permission for (name) \_\_\_\_\_ to participate in the Child & Youth Council.

I give permission for his/her photographs and work to be used by Save the Children in promotional material including the website, publications and media releases and in any manner appropriate to advance the work of Save the Children.

(Print) Full name of Parent / guardian: \_\_\_\_\_

\*Full name of Teacher/Principal/Board member: \_\_\_\_\_

Signature \_\_\_\_\_ Contact phone number(s): \_\_\_\_\_

E-mail \_\_\_\_\_ Date: \_\_\_\_\_

*\*Save the Children understands that where the school or community organisation gives authority for the participation and use of images and work of the children, final authority has been sought and obtained from the parents and/or guardians of the children concerned. Personal information is confidential.*

*\* Stamp School/organisational seal/logo here. Only if application is made through school or club.*



Please send this form back to Save the Children Youth Council, PO Box 6584, Marion Square, 6141, Wellington.  
 Contact: [4Good@savethechildren.org.nz](mailto:4Good@savethechildren.org.nz); 04-381 7585



**CHILD AND YOUTH COUNCIL  
GROUP APPLICATION TO BE A MEMBER**

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Membership is free and open to all children and youth in New Zealand under the age of 18. When you turn 18 you automatically become part of the Alumni Group which mentors and provides support to the younger members.

Name of Group: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_ Region \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Birthday date/month/year: *Please attach list of every member's name, birthday, gender and ethnicity.*

female male

Ethnicity						
Maori	European	Pacific Islander	Asian	African	Middle Eastern	Other
		Samoa				
		Papua New Guinea				
		Solomon Islands				

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Teacher/Group Leader                      Signature

**School/ Community Organisation consent**

I give permission for (name) \_\_\_\_\_ to participate in the Child & Youth Council.

I give permission for his/her photographs or work to be used by Save the Children in promotional material including the website, publications and media releases and in any manner appropriate to advance the work of Save the Children.

\*Print Full name of Teacher/Principal/ Group Leader: \_\_\_\_\_

Signature \_\_\_\_\_ Contact phone number(s): \_\_\_\_\_

E-mail \_\_\_\_\_ Date: \_\_\_\_\_

*\*Save the Children understands that where the school or community organisation gives authority for the participation and use of images and work of the children, final authority has been sought and obtained from the parents and/or guardians of the children concerned. Personal information is confidential.*

\* Stamp official School/organisation or Group logo here  
Please send this form back to:

