

Nominations Form

Junior Yearly Meeting

4 – 7 May 2018

Lee Valley Youth Hostel Essex



Please return this form as soon as possible and by 12 February 2018 at the latest. No place can be guaranteed for nominations received after this date. This form can be returned online or by post, or the necessary information can be sent by email (contact details are at the end of the form).

Not nominating to Junior Yearly Meeting, please:

- complete Part 1
- return the form as soon as possible and by 12 February 2018 at the latest

Nominating to Junior Yearly Meeting, please:

- read the 'Nominations Guidance' notes before filling out this form
- complete Parts 1 and 2
- return the form by 12 February 2018 at the latest

Part 1

a. Name of area meeting / yearly meeting / school: _____

☐ We will **not** be nominating to JYM 2018

☐ We **will** be nominating to JYM 2018

b. Would your meeting be willing to pay for young people from *another* area meeting to attend JYM 2018 if this is required?

☐ No

☐ Yes (please state how many)

☐ We confirm that payment for this is agreed (you will be sent an invoice for this)

Part 2

a. Named contact person

The guidance for named contact people was included within the nominations guidance. This person makes contact with the young people attending JYM, ensuring that they have received and responded to mailings sent to them, supporting the young person's participation in JYM and subsequent involvement in reporting back to the area meeting, yearly meeting or school.

We will use the information below to contact the person. Please check the addresses and phone numbers before filling out the details.

First name _____

Last name _____

Address _____

Postcode _____

Tel: _____

Email (one that is checked regularly) _____

Local meeting _____

Area meeting _____

b. Name nominated for guaranteed place

Please confirm that you have the correct addresses and phone numbers before filling out the details requested below. We will use the information you provide to contact your nominee, sending them an information and consent form to return within two weeks to confirm their place at JYM.

Please state the name below nominated for the guaranteed place:

We confirm that payment for this guaranteed place has been agreed		<input type="checkbox"/> Yes
First name	Last name	
Address		
Postcode		
Date of birth (between 1.9.99 and 31.8.02 inclusive)		
Tel:	Young person's email	
Local meeting:	Attended JYM before:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / guardian name	Parent / guardian email:	
Additional information		

c. Names nominated for an additional place

Please confirm that you have the correct contact information before filling out the details requested below. We will use the information you provide to contact your additional nominees, to ask them to indicate if they are interested in a place and then when a place is available to send them an information and consent form to be returned within two weeks to confirm their place at JYM.

Please state below the details of those nominated for additional places, in priority order:

We confirm that payment for the additional places has been agreed		<input type="checkbox"/> Yes
Priority 1	First name	Last name
Address		
Postcode		
Date of birth (between 1.9.99 and 31.8.02 inclusive)		
Tel:	Young person's email	
Local Meeting:	Attended JYM before:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / guardian name	Parent / guardian email:	
Additional information		

Priority 2	First name _____	Last name _____
Address _____		
Postcode _____		
Date of birth (between 1.9.99 and 31.8.02 inclusive) _____		
Tel: _____	Young person's email _____	
Local meeting: _____	Attended JYM before:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / guardian name _____	Parent / guardian email: _____	
Additional information _____		

Priority 3	First name _____	Last name _____
Address _____		
Postcode _____		
Date of birth (between 1.9.99 and 31.8.02 inclusive) _____		
Tel: _____	Young person's email _____	
Local meeting: _____	Attended JYM before:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / guardian name _____	Parent / guardian email: _____	
Additional information _____		

If more additional places are wanted please include the details requested above for each additional nomination overleaf.

Enquiries:

By telephone on 020 7663 1013 or by email to cypadmin@quaker.org.uk

Please return this form:

By 12 February 2018 (no place can be guaranteed for nominations received after this date).

To:

CYP Administrator, Quaker Life, Friends House, 173 Euston Road, London, NW1 2BJ, or submit the online form at <https://forms.quaker.org.uk/2018-jym-nomination-form/> , or email the information requested to cypadmin@quaker.org.uk.