



CAN YOU FILL THIS SPACE?

Apply for a place at **Our Space** summer camp **2009** and become one of our young equality champions.

The closing date for application is **3 July**

Lake District, Sunday 9 August - Thursday 13 August 2009

Visit: www.equalityhumanrights.com/ourspace



**Equality and
Human Rights
Commission**



‘There’s so much pressure to be what people call perfect. I don’t really understand it because if everyone looked the same it would be odd. It takes all of us to make the world.’

Dakota Blue Richards
Our Space summer camp 2008

How to apply

- Please fill out the attached application form, ensuring you have filled in every section, before returning to the address below.
- Please use **BLUE** or **BLACK** ink
- Please write in **CAPITALS**
- Feel free to write your statement on a separate sheet (no more than 500 words please), but ensure that these are securely attached to the rest of your application form.

Return your application form to:

Our Space 2009
Equality and Human Rights Commission
3 More London
Riverside, Tooley Street
London SE1 2RG

Or by fax to: 0207 407 7557

But remember that:

Parental/guardian consent is **ESSENTIAL** for your application to be considered. Please ensure that the consent form is signed before sending your application back.

If you require any form in an alternative format such as, for example, Easy Read or Braille, please e-mail: ourspace@equalityhumanrights.com or call **0845 604 6610**.



Application form

Tell us why you would like to attend Our Space and why you can make a difference.

About you

Name:	
Date of birth:	
Gender :	
Address:	
Home telephone number:	
Mobile number:	
Email address:	
Reasonable adjustments (If you have a disability, please tell us what support you may require while at the camp e.g. support worker, large print documents, etc):	
Dietary requirements (e.g. vegetarian, halal, any allergies, etc):	
Please give us an indication of your swimming ability (e.g. none, basic, excellent, etc): Note: no swimming ability will NOT prevent you from taking part in outdoor activities	

Emergency contact details

In case of an emergency, please state the details of an immediate contact:

Name of contact:	
Relationship:	
Contact telephone number:	
Contact mobile number:	

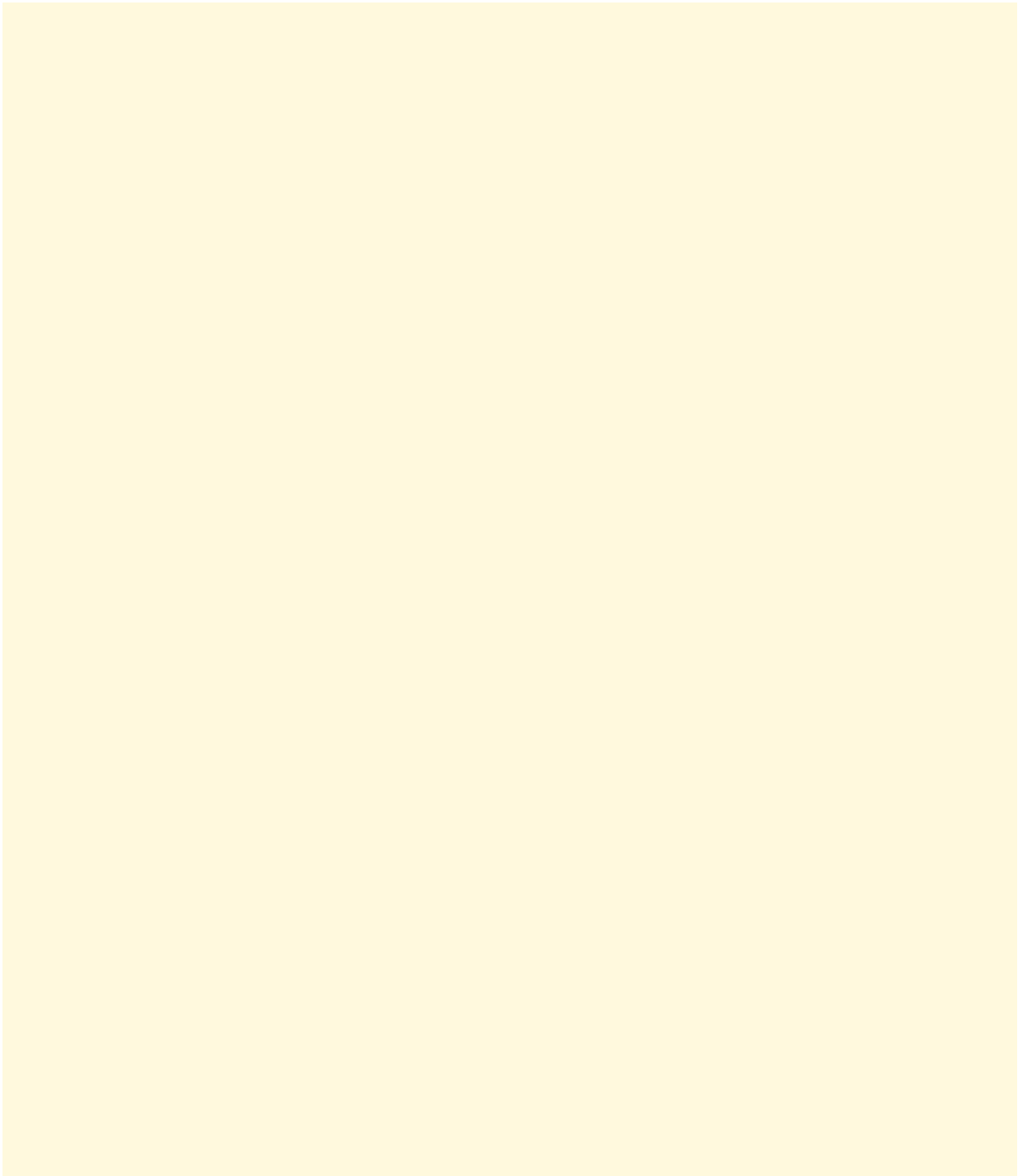
Doctor's details

In case of an emergency, please state the details of your family doctor:

Name of doctor:	
Address:	
Telephone number:	

‘I would like to come to Our Space because...’

In the box below please tell us all about you, why you would like to take part in Our Space, and how you would like to make a difference in your community. It can be as long or as short as you like and you may wish to ask your parent/guardian, a teacher or a friend for help. Feel free to use additional sheets if needed (no more than 500 words please) and ensure that this is sent along with the rest of your application by **Friday 3 July**.



Reference

Please provide us with details of one referee that we can contact to learn a bit more about you. This cannot be a family member or friend, but somebody else that might know you such as a teacher or youth worker.

Name of contact:	
Relationship:	
Contact telephone number:	
Contact mobile number:	
Email address:	



Parental/guardian consent

Your application cannot be processed for consideration unless you have forwarded the following parental/guardian consent form. You must obtain consent from your parent/guardian and then **send this to:**

Our Space 2009

Equality and Human Rights Commission
3 More London
Riverside, Tooley Street
London SE1 2RG

Or by fax to: 0207 407 7557.

Parental/guardian consent form

I/ We, the parent(s)/ guardian(s) of [insert name]

give my/our consent for his or her participation in the Our Space 2009 summer camp.

I/We agree to the following:

- 1 I/We give my/our consent for the Equality and Human Rights Commission to collect and collate personal information of my son and/or daughter. I agree for the Commission to store and manage this information in accordance with the Data Protection Act (1998).
- 2 Should my/our son and/or daughter be selected to attend the Our Space 2009 Summer camp, I/We give my consent for them to participate in all activities and hereby acknowledge and accept that neither the Commission nor its contractors shall be liable in any way, except as regards death or personal injury, to any person for any damage or loss other than as caused by the negligence of the Commission or its contractors.
- 3 I/We agree for my/our son and/or daughter to be collected and dropped off at a central location as agreed by the Commission or its contractors, to transport my son and/or daughter to the camp.
- 4 I/We give my/our consent for photographs/videos to be taken or filmed during the trip and camp and for them to be used by the Equality and Human Rights Commission to promote or endorse future camps or other youth-related activities. Photos/videos may feature in our publications and websites or those of the contractor and may also feature on the Commission's YouTube channel. All such materials shall remain the property of the Equality and Human Rights Commission at all times.

Name of parent(s)/guardian(s):

Parental/guardian (s) signature:

Date:

Note for parents: We have a frequently asked questions section on our website covering everything you need to know about Our Space. Visit: www.equalityhumanrights.com/ourspace



Monitoring form

We want our projects to reflect the diverse Britain we live in today. The information we collate on this form helps us understand if we are doing so. This means if we find we are excluding any group, we can do something about it. We appreciate you taking the time to fill this out.

We monitor all forms received and treat this information confidentially in accordance with the Data Protection Act 1998.

Gender

Please tick as appropriate:



Male

Female

Age

Please tick as appropriate:



13

14

15

Other

What are you currently doing?

Please tick the option that best applies to you.



In Years 7, 8 or 9 at school

In Years 10 or 11 at school

In Years 12 or 13 at school

In work with 'on the job training'

Not in education, employment or training

Other [please state]





Disability

The Disability Discrimination Act 1995 defines a disability as a 'physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.' An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider yourself disabled under this? Please tick as appropriate:

Yes
No

If yes, then please specify your disability by ticking the appropriate boxes below.

Deafness or severe hearing impairment
Blindness or severe vision impairment
A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting and carrying)
A learning disability (such as Down's syndrome)
A learning difficulty (such as dyslexia or dyspraxia)
A mental health condition (such as depression or schizophrenia)
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
Other condition
None of these

Ethnic Group Please tick the option that best applies to you.

White

English/Welsh/Scottish/Northern Irish/British
Irish
Gypsy or Irish Traveller
Any other white background

Mixed

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

Asian or Asian British

Indian
Pakistani
Bangladeshi
Chinese
Other Asian background

Black or Black British

African
Caribbean
Any other Black/African/Caribbean background

Other ethnic group

Arab
Any other ethnic group (please state)
Don't know

Religion and/or belief

Please tick the option that best applies to you.



Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Another religion (please state)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Non-religious/atheist	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>

The questions on sexual orientation and transgender are OPTIONAL. Please answer these questions at your or your parent/guardian's discretion. Providing answers to the following questions will help us achieve a true representation of Britain's diversity in our projects.

Sexual orientation (optional)

Which of the following best describes how you think of yourself?



Heterosexual/Straight	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Gay woman/Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Gender identity (optional)

Do you consider yourself to be transgender?



Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

End of application form. Thank you and good luck.

