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| logo with strapline.jpgYoung Adults Advisory Panel Member Application Form **Part A – Your details** | | |
| **Contact Details** | | |
| First Names: | | Surname: |
| Address: | | |
| Date of birth: | |  |
| Email address: | | Mobile: |
| **Application Information** | | |
| Are you a Crohn’s & Colitis UK member? | ☐ Yes Membership Number:  ☐ No | |
| How did you hear about this role?  ☐ Crohn’s & Colitis UK Website ☐ Do-it.org  ☐ Other - please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Equal Opportunities** | | |
| If you have any access requirements or health issues you would wish to share with us please state them here: | | |
| **Declaration** | | |
| I hereby apply to become a panel member with Crohn’s & Colitis UK. I commit to upholding the reputation of Crohn’s & Colitis UK and will familiarise myself with and adhere to any guidance provided.  I declare the information I have provided is a true and accurate record. | | |
| Print Name: | | Dated: |
| **Privacy** | | |
| At Crohn’s & Colitis UK, we take your privacy seriously. We will use your personal information to keep in touch with you about your role as a panel member.  If you agree, we would also like to get in touch with you with news and updates of other ways you can make a difference to those affected by Crohn’s and Colitis. Please tick below to let us know how you’d like us to send you our news and updates:   ☐ Post                 ☐    Email            ☐    Telephone  ☐ I do not wish to receive news & updates in the future  For full details of how we use and protect personal data go to our [Website](https://www.crohnsandcolitis.org.uk/about-us/your-privacy-and-data-protection) | | |
| **Please return this form to: anna@youarevalued.co.uk**  **Please include ‘YAAP member’ in the subject header of your email.** | | |

**Part B – Equality, diversity and inclusion monitoring**

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| **Crohn’s & Colitis UK always treats your personal details with great care and we keep your information safe. We only hold information for communication, analysis and administrative purposes, and our full privacy notice explains what we do, and how we control your personal information.**    **We know that some types of personal details are more sensitive. We only request this information to support our work when there is a clear reason for this. For example, to make improvements to our patient information, or to better inform our work.**  **Sharing this information with us is optional and you can have this data removed from our records at any time.** |
| **What is your date of birth?**  \_\_/\_\_/\_\_\_ |
| **Which of the following best describes your gender?**  ☐ Man  ☐ Non-binary  ☐ Woman  ☐ Prefer to self-describe (please describe) ………………………………………………….  ☐ Prefer not to say |
| **What is your ethnic group?** *Choose one option that best describes your ethnic group or background.*  Asian / Asian British  ☐ Bangladeshi  ☐ Chinese  ☐ Indian  ☐ Pakistani  ☐ Any other Asian background, please describe ………………………………………………….    Black / African / Caribbean / Black British  ☐ African  ☐ Caribbean  ☐ Any other Black / African / Caribbean background, please describe …………………………………………………  Mixed / Multiple ethnic groups  ☐ Asian and White  ☐ Black Caribbean and White  ☐ Black African and White  ☐ Any other Mixed / Multiple ethnic background, please describe ………………………………………………….    White  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Gypsy or Irish Traveller  ☐ Irish  ☐ Any other White background, please describe ………………………………………………….    Any other ethnic group  ☐ Arab  ☐ Any other ethnic group, please describe …………………………………………………. |
| What is your primary connection with Crohn’s Disease or Ulcerative Colitis?  ☐ I have Crohn's Disease  ☐ I have Ulcerative Colitis  ☐ I have another form of Inflammatory Bowel Disease (IBD)  ☐ I am a parent or carer of someone with Crohn's or Colitis  ☐ I am a friend or partner of someone with Crohn's or Colitis  ☐ I am a relative of someone with Crohn's or Colitis  ☐ I am a Healthcare Professional  ☐ Other …………………………………………………. |
| **Which of the following best describes your sexual orientation?**  ☐ Asexual  ☐ Bi/bisexual  ☐ Gay Man  ☐ Gay Woman/Lesbian  ☐ Pansexual  ☐ Queer  ☐ Straight/Heterosexual  ☐ I identify in another way (please describe) ………………………………………………….  ☐ Prefer not to say |

Version: February 2025