**Nomination Form for Synod Youth Representative**

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| Name of nominee for Yorkshire Synod Youth Representative | | |
| Address of nominee | | |
| Contact details of nominee (please provide an email address and contact number) | | |
| If the nominee is under 18 years old please provide the name and contact details for a parent or legal guardian | |  |
|  | | |
| Your name | | |
| Your contact details | | |
|  | | |
| Please sign to confirm that you:   1. Have obtained consent to share the contact details of the nominee and/or parental contact details 2. Give consent for your contact details to be stored in order to contact you regarding this application. | | |
| Signature | Date | |
|  | | |
| In 500 words or less please share with us why you would like to nominate the person above for the Synod Youth Representative Role. | | |
| *Things to consider: personal character and qualities, strengths and challenges, examples of involvement in leadership, testimony of faith formation and development…* | | |
| Are you prepared to act as a referee for the nominee? Please circle. Yes No | | |