**Access to Employment Pilot 2020**

**Lead Youth Advocate Volunteer Role - Application Form**

**อาสาสมัครผู้นำเยาวชน - ใบสมัคร**

**กรุณากรอกใบสมัครทุกฉบับเป็นภาษาอังกฤษ**

**Please complete this form and submit via email to** [**ella.dowdenhylton@leonardcheshire.org**](mailto:ella.dowdenhylton@leonardcheshire.org) **by midnight on Wednesday 12th August 2020**

The following questions are aimed to help Leonard Cheshire ensure you meet the **appropriate criteria** for the role of Lead Youth Advocate and confirm your **personal details:**

1. Full Name:
2. Preferred Name:

1. I am a national of (please delete as appropriate): **Thailand / Indonesia**
2. Home Address:
3. Email Address:
4. Gender: **Female / Male / Non-binary (I don’t identify as either/or)**
5. Date of Birth (dd/mm/yyyy):
6. I will be at least 18 years old and not older than 35 years old by 12th August 2020. **Yes/ No**
7. I am able to offer a part-time commitment to the project over a 9-month period? **Yes / No**

**Responses to the following questions will not necessarily effect your eligibility for the role**

1. I am currently (delete as appropriate): in full time education/ part-time education/ full time employment/ part time employment/ unemployed/ other (please state)
2. Are you currently part of a **DPO** (Disabled Persons’ Organisation) network (เครือข่ายองค์กรคนพิการ)? **Yes / No** If Yes, please include the name of the DPO.
3. Do you have a Disability Card? **Yes/ No**
4. If I am not chosen for the role of Lead Youth Advocate I would still be interested in participating in the project. **Yes / No**
5. Please describe any **accessibility requirements** that you would find beneficial when participating in the digital advocacy project: e.g. sign language interpretation, easy read documents, accessible electronic documents other:

1. **The following details are necessary to help us understand your technology and data capabilities:**

Your Mobile Phone Number:

Your Mobile Network:

You Mobile Phone Model:

I own my mobile: **Yes / No**

I share my mobile with others: **Yes / No**

If Yes, who do you share it with?

I have access to a **regular mobile signal/ intermittent mobile signal** (e.g. only certain days of the week) **(สัญญาณมือถือหรือการเข้าถึงระบบอินเทอร์เน็ตตลอดเวลาหรือบางเวลา)**

**The following questions ask about difficulties you may have doing certain activities:**

**Do you have difficulty seeing, even if wearing glasses?**

a. No - no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

**Do you have difficulty hearing, even if using a hearing aid?**

a. No- no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

**Do you have difficulty walking or climbing steps?**

a. No- no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

**Do you have difficulty remembering or concentrating?**

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

**Do you have difficulty (with self-care such as) washing all over or dressing?**

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

**Using your usual (customary) language, do you have difficulty communicating, for** example understanding or being understood?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

The following part of the application is scored in order to judge your suitability for the role:

คำถามต่อไปนี้จะได้รับการประเมินเพื่อวัดความเหมาะสมในการเป็นผู้นำเยาวชน

**Please write a brief answer for each statement (approx. 30 words)**

1. Describe any previous **community engagement** (การมีส่วนร่วมทำงานในชุมชน) activities you have carried out with your peers/ youth with disabilities:
2. Describe any previous experience you have **facilitating/ leading groups** (ประสบการณ์ในการช่วยสนับสนุนหรือเป็นผู้นำกลุ่ม) of your peers/ youth with disabilities.
3. Describe what skills you hope to develop (ทักษะที่อยากเรียนรู้) during this project
4. The community issues relating to youth with disabilities I feel most strongly about are (ปัญหาชุมชนที่เกี่ยวกับเยาวชนพิการใดบ้างที่ฉันรู้สึกอยากแก้ไขมากที่สุด):
5. Please **describe** the extent to which you use the following social media platforms and **how** you have utilized them in engaging in issues regarding youth with disabilities:

คุณใช้ช่องทางใดบ้างในโซเซียลมีเดีย บ่อยแค่ไหน และใช้ในเรื่องใดบ้าง

**Twitter:**

**Facebook:**

**Blogging:**

**Other platforms:**

I confirm that the information I’ve provided in this application is correct to the best of my knowledge and I consent to my data being Stored by Leonard Cheshire. **YES/ NO**

If you have any further questions please contact us via email: [ella.dowdenhylton@leonardcheshire.org](mailto:ella.dowdenhylton@leonardcheshire.org)

For information on how we store data please follow our link to our International Privacy Policy:

<https://www.leonardcheshire.org/about-us/privacy-notice/international>