

YOUTH ADVISORY COUNCIL APPLICATION FORM

Please answer all questions on this form, save a copy and email to governance@pcuk.org

1. Member's Name:

2. Please tick the box that best represents your preferred pronouns:
(please tick one box only)

- | | |
|---------------------------------|---|
| <input type="radio"/> He/Him | <input type="radio"/> She/Her |
| <input type="radio"/> They/Them | <input type="radio"/> Prefer not to say |

3. Please tick the box that best represents your age:
(please tick one box only)

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 14-16 | <input type="radio"/> 17-19 |
| <input type="radio"/> 20-22 | <input type="radio"/> 23-25 |

4. Please tick the box that best represents your ethnicity:
(please tick one box only)

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Mixed |
| <input type="radio"/> Asian or Asian British | <input type="radio"/> Black or Black British |
| <input type="radio"/> Other Ethnic Group | <input type="radio"/> Prefer not to say |

5. Do you consider yourself to be part of the LGBTQ+ Community?
(please tick one box only)

- Yes No
- Prefer not to say

6. Please tick the box that applies to your membership:
(please tick one box only)

- Centre Member Centre Plus Member
- Branch Member Branch Non-riding Member

Branch/Centre name:

7. Please use the space below to tell us a little about your Pony Club experience so far:



YOUTH COUNCIL

8. Please use the space below to tell us how you would gather the views of your fellow Members:

9. Please use the space below to tell us why you should be selected to represent the Members' voice:

