NEVIS YOUTH PARLIAMENT
APPLICATION FORM

1. **NAME OF INSTITUTION:**_____**DATE:**_____/_____/_____

2. **NAME OF APPLICANT:** _____**D.O.B. :**_____/_____/_____
dd mm yyyy

3. **ADDRESS:** _____**EMAIL:**_____

4. **Give two (2) reasons why you wish to be a part of the Nevis Youth Parliament:**

(a) _____

_____

(b) _____

_____

5. **APPLICANT'S SIGNATURE:** ……

6. **PARENT(S)/LEGAL GUARDIAN(S)' CONSENT (If Applicable):**

…….……..…….. ……..……
Print Name Signature
Parent(s)/Legal Guardian(s) Date: _____/_____/_____

7. **RECOMMENDATION/ REFERENCE**[1]

_____

_____

_____

…….. ……..……
Print Name Signature
Office Stamp Date: _____/_____/_____

[1] In the case of a student this may be a recommendation from a Principal or Form Teacher, and for any other applicant, a person who knows you in a professional or academic capacity within the last 5 years.