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**Like Minded Participant Application Form**

Please use BLOCK CAPITALS

*\*Items marked with an asterisk must be completed*

**Personal Details**

\*Name

\*E-mail

\*Home Address

Telephone \*Mobile No.

\*Date of Birth \*Date of Application

\*How do you identify yourself (please tick):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lesbian |  |  | Gay |  |  | Bisexual |  |  | Transgender |  |  | Intersex |  |  | Questioning |  |

Why are you interested in taking part in this Project?

What do you hope to gain from taking part in this Project?

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** If you are interested in taking part in this project, because you are under the age of 18 years, parental consent is required for you to take part. Please see attached, a separate Parental Consent form, complete and return to LikeMinded Gaisce-The President’s Award, Ratra House, Phoenix Park, Dublin 8 or scanned to [likeminded@gaisce.ie](mailto:likeminded@gaisce.ie)

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**LikeMinded Parental Consent Form**

Please use BLOCK CAPITALS

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Participant’s Name

Consent to the above named participant (who is under 18 years of age) part-taking in the LikeMinded Gaisce-The President’s Award Programme.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The LikeMinded Programme is supported and facilitated by Gaisce-The President’s Award with the support of 1 to 1 mentors who will be selected, Garda Vetted and interviewed by Gaisce. It brings participants together over 6 months with 13 contact points together with an adventure journey requirement of up to 3 days and 2 nights.

If you require any further information, please do not hesitate to contact Marion Irwin-Gowran in Gaisce-The President’s Award (Tel: 01- 6171999) or likeminded@gaisce.ie.

Please return completed Consent form to:

Like Minded Gaisce-The President’s Award

Ratra House

North Road

Phoenix Park

Dublin 8

D08 YD62

\*This form must be **signed by hand.**