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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