

YOUTH HEALTH CHAMPIONS APPLICATION FORM

Full Name						
Date of Birth						
Where do you reside? (tick the relevant box)	<input type="radio"/>	NCD	<input type="radio"/>	Central		
Gender (tick the relevant box)	<input type="radio"/>	Male	<input type="radio"/>	Female	<input type="radio"/>	Other

1. Are you a person living with a disability? Yes/No
 - a. If yes, please specify.

2. Do you hold a leadership role in your community? Yes/No
 - a. If yes, please specify your role.
 - b. What is the name of the group (Church, youth, sports, community or school)?
3. Tell us in 250 words or less about your two main issues youth face in your community.

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76218036
70813973

info@equalplayingfield.global
www.equalplayingfield.com

Unit 4 Ground Floor & Level 1
Ago Street, Gordons
PO Box 443, Vision City, NCD

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Please attach your updated CV and Police Clearance (optional) with this application form.

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