



Theme: Youth, Health and Development

REGISTRATION FORM FOR YOUTH DELEGATES

GENERAL INSTRUCTIONS

- Please submit a completed form as this will be used to select eligible youth delegates to attend the 3rd Global Youth Meet (GYM, 2015).
- By filling this form, you will help us know you better. This will also help us to allocate you with like-minded people during GYM, 2015, depending on your areas of interest.
- Please be concise and to the point while filling information in this form and stick to the word limit.
- Font specifications: Style: Arial, Size: 11
- Please email this form at gym2015@hriday-shan.org
- Your submission will be acknowledged by email

ADMISSION TO GYM, 2015 IS BASED ON THE FOLLOWING ELIGIBILITY CRITERIA

- Aged between 15-24 years
- Experience/knowledge of advocacy campaigns on health issues
- Past leadership role in school/community setting
- Reasonable knowledge of English
- In a position to implement learnt strategies on returning back to their country/state.
- No affiliations to the tobacco industry

Your
photograph

A. GENERAL INFORMATION ABOUT YOURSELF

1. Title Prof Mr. Mrs. Ms. Others

2. Given name (as in passport)

Family name (as in passport)

3. Name that you like people to call you (informal)

4. Gender Male Female

5. Age (completed years)

6. Date of Birth

7. Nationality

8. Languages known (List all)

9. Fluency in English

	Excellent	Average	Can Manage
(a) Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Mailing Address (Personal):

City: _____ State: _____

Country: _____ Zip Code: _____

Telephone (Residence): _____ Fax: _____

Mobile Number: _____ Email (Personal): _____

11. Best way to contact you: Email Fax Phone

12. Class/Grade studying in: _____

13. Name and address of your School/College/University/Organization:

City: _____ State: _____

Country: _____ Zip Code: _____

14. Passport Details:

Passport number: _____ Date of expiry: _____

Date of issue: _____ Place of issue: _____

B. INFORMATION RELEVANT TO YOUTH CONFERENCE

15. Institution/Organization with which you are affiliated: _____

Mailing Address: _____

City: _____ Country: _____

Telephone (residence): _____ State: _____

Zip Code: _____ Fax: _____

Mobile Number: _____ Email (personal): _____

16. Name and contact coordinates of the adult chaperone who will escort you:

17. Travel funded by (Name of Funder & Contact Coordinates):

18. Areas of interest:

1. Campaigning
2. Advocacy
3. Social Media
4. Awareness generation activities
5. Any other, please specify _____

19. Are you involved with any youth group/network? Yes No

If yes, name? _____

20. Have you attended previous GYMs Yes No

21. How did you know about 3rd GYM?
- Word-of-mouth
 - Email (Direct/Forwarded)
 - Friends/Colleagues
 - Other Conferences
 - Other Websites
 - Any other source

22. All applicants **MUST** attach a write-up detailing your health awareness, promotion and advocacy efforts. This can be in essay-format and include the following components (maximum of 500 words)

- Your involvement in activities related to health awareness, promotion and advocacy in the last 2 years
- International experience in health promotion activities
- Your organization/college/school's recent work in health awareness and health advocacy
- Why are you interested in participating in GYM, 2015? List 5 skills you would like to acquire by participating in GYM, 2015?
- What are your current goals in life and how do they relate to the goals of GYM 2015?
- How do you envision sharing your experiences with peers upon returning to your home country/ state?
- What type of training, information or other support do you need before attending the GYM, 2015, in order to feel prepared?

C. PERSONAL INFORMATION

Allergies (if any): _____

Food preference: Vegetarian Non-Vegetarian Lacto –Vegetarian

Something interesting about yourself: _____

Hobbies: _____

Favorite quote: _____

Something special about your country/city/culture: _____

Anything else you would like to add: _____

D. REFERENCES

Title

Given name

Family name

Gender Male Female

Organization/ Company

Designation

Email

E. DISCLOSURE ON TOBACCO/ALCOHOL INDUSTRY LINKAGE

Have you or your school/college/organization ever accepted assistance/donation from any tobacco/alcohol industry, or collaborated in any way with tobacco/alcohol industry?

Yes No

If yes, please specify _____

Applicant's Signature:

Please complete the form and send by email to gym2015@hriday-shan.org. For further information of the conference please visit (www.hriday-shan.org).