



Youth Challenges and Youth Achievement Awards



Registration Form

Please print clearly, as details given on this form will be used in connection with your registration.

PART 1: ANNUAL REGISTRATION CATEGORY:

Participating Unit Registration

PART 2: YOUR DETAILS

Name of Organisation: _____

Address: _____

County: _____ Post Code: _____

Key Contact Name: _____ Position: _____

Tel.: _____ Fax: _____

Email: _____ Mobile: _____

Please tell us some more about your organisation:

Voluntary Statutory School/College Youth Centre Training Provider

Other (please state)

No. of years in existence: _____ Age range of Young People: _____ to _____

No. of Full-Time staff: _____ No. of Part-Time staff: _____ No. of Volunteers: _____

Anticipated Award Group levels:

Youth Challenge Youth Challenge Plus Youth Challenge Extra

YAA- Bronze YAA- Silver YAA- Gold YAA- Platinum

PART 3: DELIVERY INFORMATION

- Operating Authorities receive a start up pack

Address for delivery of the start-up pack: _____

Post Code: _____ Tel.: _____

PART 4: PAYMENT INFORMATION

With this registration form please enclose a cheque made payable to The Lifetrain Trust for the pro-rata amount payable (see attached list) or if you require an invoice fill in your details below. Please be aware that you will incur an administration charge of £2.00 for the invoice.

Name and address for invoice: _____

Post Code: _____ Reference No. (if applicable): _____

Registration Month: _____ Amount Payable: _____

PART 5: to be completed by Operating Agency

Name of Operating Agency: THE LIFETRAIN TRUST Reg. No.: 78

Key Contact Name: LAURA QUINN

Renewal fee invoices should be sent to: Operating Agency Participating Unit

I, on behalf of _____ (Operating Agency name) wish to support the application of _____ (Participating Unit name) to participate in the Youth Achievement Awards as a Participating Unit.

I agree to abide by the responsibilities of an Operating Agency to their Participating Units as described in the Operational Outline.

Signed: _____ Date: _____

PART 6: YOUR SIGNATURE

I, on behalf of _____ (organisation's name), wish to participate in the Youth Achievement Awards and/or Youth Challenges and accept the responsibilities as outlined in the Operational Outline.

Signed: _____ Date: _____

Please tell us how you heard about the Youth Challenges and Youth Achievement Awards?

**Return to: Laura Quinn, Youth Achievement Awards Co-ordinator,
The Lifetrain Trust, Felbury House, Holmbury St Mary, Dorking, Surrey. RH5 6NL**

If you have any queries about your registration, please call
01306 730 929 / 07725 544 596 or email laura@lifetrain.org.uk

As this programme is run by UK Youth and is quality assured and accredited by ASDAN we need to share your details with them. Neither Lifetrain, UK Youth, nor ASDAN will pass these details onto any third party, and will use them only to contact you about our work. If you are not happy for us to do this please let us know.

UK YOUTH USE ONLY

Date received by UK Youth: _____ Date entered on Database: _____

Date to Accounts: _____ Date to Prospects: _____

Acknowledgement Letter sent _____

Reg. No.: _____ Cheque received Invoice requested Invoice paid

Issued Jan 2009