



The Participation People



# Greenwich Children in Care Council

## Application Pack

**Greenwich Children and Young People's Participation Service**

*A service delivered on behalf of the Royal Borough of Greenwich*

| [www.royalgreenwich.gov.uk/youthvoice](http://www.royalgreenwich.gov.uk/youthvoice) | +44 (0) 7522 364314 | [greenwich@participationpeople.com](mailto:greenwich@participationpeople.com) |

| The Participation People is registered in England and Wales | Company no. 07317496 |



# The Participation People

Hello!

Thank you for your interest in joining Greenwich's **Children in Care Council!**

## So, what is the Children in Care Council?

The Children in Care Council (CiCC) is a group of young people who will represent the voice of local looked-after children and young people and those who have left care between the ages of 7 and 21 (up to 25 for disabled young people and those who are engaged in education) in the Royal Borough of Greenwich.

They have a voice in decision-making and the design and delivery of services that affect their lives and the lives of others in care!

### Aims

The CiCC act as:

1. A **consultation group** for managers and policy-makers in the design, delivery and evaluation of projects and services.
2. A **lobbying group** to influence change in services accessed by children and young people in care and leaving care.
3. A **campaigning group** to raise awareness of the rights of children and young people in care and leaving care, and of what it's *really* like growing up in the care system.
4. A **forum for developing ideas and projects** that aim to improve the lives of children and young people in care and leaving care.
5. A **champion and advocate** for children and young people in care and leaving care.
6. A **forum for feeding back** to the Corporate Parenting Leadership Group and Corporate Parenting Panel.

### Membership

The CiCC is open to ALL children and young people in care and leaving care as possible. Membership is by self-nomination and must include one endorsement from a non-related adult. This adult could be: a social worker, a teacher or a manager/employer.

### Meetings

The CiCC will meet once every two weeks on the same day of the week in the evenings.

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## What does the role involve?

As a CiCC Member, you have an important role: you're the voice of looked after children and young people, and those young people leaving care! You're representing them in decisions that affect their lives!

### Your Responsibilities

As a member of this group, your responsibilities include:

1. Representing the views of children and young people who are looked after by Royal Greenwich, or are leaving care.
2. Advising managers and policy makers about the design, delivery and evaluation of projects and services.
3. Lobbying and campaigning to influence change in services accessed by children and young people in care and leaving care.
4. Raising awareness of the rights of children and young people in care and leaving care, and of what it's *really* like growing up in the care system.
5. Being a champion and advocate for children and young people in care and leaving care.

### Time Commitment

CiCC members would need to commit around **2 hours per week**. This commitment includes attending meetings, the completion of accreditation and checking/responding to emails, texts or messages.

### Duration

CiCC members are asked to be members for a minimum of six months.

### Personal qualities and skills

Qualities and skills of a GREAT CiCC member include:

- ✿ Being able to listen to and respect the views of all young people;
- ✿ Speaking your mind, honestly and respectfully;
- ✿ Having great teamwork skills;
- ✿ Being well organised;
- ✿ Being approachable and personable;
- ✿ Having a sense of humour;
- ✿ Being committed, reliable and punctual.

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## Interested?


GREAT NEWS!

Being a member of CiCC is **really** easy!

Here's what you need to do:

1. Read the Terms of Reference for the CiCC (available on our website).
2. Fill out the short application form attached.
3. Get the support (an endorsement) for your application from a non-related adult. This could be a social worker, teacher or employer. All they need to write is up to 100 words to tell us why you'd be a GREAT member of the CiCC!
4. Get your parent / carer / legal guardian to sign it off.
5. Then send it back to us by email or post:

 **Email** – [greenwich@participationpeople.com](mailto:greenwich@participationpeople.com)

 **Post** – Greenwich Youth Voice Service, Third Floor, The Point, 47 Woolwich New Road, Woolwich, London, SE18 6EW.

NB: All the information you provide us with will remain confidential and stored securely. It will also not be shared with third parties unless written consent is sought from you first.

**If you need help with your application or have any questions,  
please get in touch with us:**

**Jasmine – 07547 722153**

**Josh – 07522 364314**

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## Greenwich Children in Care Council Application Form

Thank you for your interest in joining Greenwich's Children in Care Council!

Complete **sections 1-2 and 7 yourself.**  
Ask your **adult supporter to complete section 3.**  
Ask your **parent / carer / guardian to complete sections 4-6.**

| SECTION 1 – About you and your application... |                              |                             |
|---|------------------------------|-----------------------------|
| Full Name:                                    |                              |                             |
| Date of Birth:                                |                              |                             |
| Address:                                      |                              |                             |
| Postcode:                                     |                              |                             |
| Email address:                                |                              |                             |
| Mobile number:                                |                              |                             |
| Twitter:                                      |                              |                             |
| Facebook:                                     |                              |                             |
| School / college:                             |                              |                             |
| Do you go to a youth club in Greenwich?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, which youth club do you go to?        |                              |                             |
| Are you a care leaver?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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## SECTION 2 – the 4 application questions...

|   |  |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
|---|--|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------------------|---|---|---|---|---|-----------------------------------|---|---|---|---|---|-------------------------------------|---|---|---|---|---|
| <p><b>Why</b> do you want to be a part of the CiCC?</p>   |  |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| <p>What <b>skills</b> and/or <b>qualities</b> would bring to the group?</p>   |  |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| <p>What do I want to <b>achieve</b> during your time on the CiCC?</p>   |  |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| <p>How would you rate these skills on a scale of 1 to 5?<br/><br/>1 = So bad<br/>5 = I'm awesome!<br/><b>(Circle your answer)</b></p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Standing up and speaking in front of people</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Leading groups</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Communicating with different groups of people</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Organisation and time management skills</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Adapting when things go wrong</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Dealing with difficult situations</td> <td style="border-bottom: 1px solid black; text-align: center;">1</td> <td style="border-bottom: 1px solid black; text-align: center;">2</td> <td style="border-bottom: 1px solid black; text-align: center;">3</td> <td style="border-bottom: 1px solid black; text-align: center;">4</td> <td style="border-bottom: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Evaluating and reflecting on things</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table> | Standing up and speaking in front of people | 1 | 2 | 3 | 4 | 5 | Leading groups | 1 | 2 | 3 | 4 | 5 | Communicating with different groups of people | 1 | 2 | 3 | 4 | 5 | Organisation and time management skills | 1 | 2 | 3 | 4 | 5 | Adapting when things go wrong | 1 | 2 | 3 | 4 | 5 | Dealing with difficult situations | 1 | 2 | 3 | 4 | 5 | Evaluating and reflecting on things | 1 | 2 | 3 | 4 | 5 |
| Standing up and speaking in front of people   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Leading groups  | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Communicating with different groups of people   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Organisation and time management skills   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Adapting when things go wrong   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Dealing with difficult situations   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |
| Evaluating and reflecting on things   | 1  | 2   | 3 | 4 | 5 |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |   |   |   |   |   |                                   |   |   |   |   |   |                                     |   |   |   |   |   |

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## SECTION 3 – Adult Endorsement

|                                       |  |
|---------------------------------------|--|
| Endorsing adult's name:               |  |
| Endorsing adult's job role:           | <i>This should be a teacher, social worker or employer.</i>  |
| Adult endorsement:<br>(100 words max) | <i>Why would this young person make a GREAT CiCC member?</i> |
| Endorsing adult's signature:          |  |
| Date:                                 |  |

## SECTION 4 – Young Person's medical, dietary and access information

|   |  |
|---|--|
| Details of any medical conditions, including details of medication if required: |  |
| Details of any dietary requirements or allergies:                               |  |
| Details of any access and/or communication requirements:                        |  |

## SECTION 5 – Media Consent

|   | Yes | No |
|---|-----|----|
| May we use the young person's photograph in publicity material, including printed publications we produce for promotional purposes?   |     |    |
| May we use their image on our website?  |     |    |
| May we record their image on video?   |     |    |
| Are you happy for them to appear in the media?  |     |    |
| Are you happy for their full name to appear alongside their image?  |     |    |
| Are you happy for them to join closed (private) social media groups?<br>Including: closed Facebook groups and private WhatsApp groups |     |    |

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## SECTION 6 – Parent / Carer / Guardian supporting your application

### Consent Statement

- ✿ I consent to my child / ward participating in all Children in Care Council meetings and events.
- ✿ I have ensured that my child / ward understands, as far as reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.
- ✿ I will ensure that any change in circumstances (e.g. recent medication or injury), which might affect my child/ward's participation in the activity, will be communicated with the relevant staff member(s) at The Participation People.
- ✿ In the case of an emergency, I consent to my child/ward being given any medical treatment as considered necessary by the medical authorities present.
- ✿ I note that this form is **valid for 1 year from the date of signature**. The consent will automatically expire after this time.

Contact name:

Relationship to young person:

Contact number:

Address:

Postcode:

### *If applicable...*

Social worker's full name:

Contact number:

## SECTION 7 – Time to sign off your application!

*\* By signing off your application, you agree to the role description as detailed in this application pack.*

Signed:

Date:

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## Equal Opportunities Monitoring Form

The Participation people are committed to the implementation of equal opportunities in all of its work. To help us monitor this and ensure we are doing everything we can to engage ALL young people, we'd ask that you kindly complete this form alongside your application.

**Completion of this form is voluntary. This form will be detached from your application and information collected will remain confidential and anonymous.**

| Your age...                       |                                |                                |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 11 | <input type="checkbox"/> 11-14 | <input type="checkbox"/> 15-18 | <input type="checkbox"/> 19-21 | <input type="checkbox"/> 21-25 |

| The gender with which you identify... |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male         | <input type="checkbox"/> Female | <input type="checkbox"/> I don't identify with either male or female |

| Your ethnicity                                  |   |   |
|---|---|---|
| <b>Asian or Asian British</b>                   | <b>Dual Heritage</b>                                    | <b>Roma and Travellers</b>  |
| <input type="checkbox"/> Indian                 | <input type="checkbox"/> Black Caribbean & White        | <input type="checkbox"/> Roma   |
| <input type="checkbox"/> Pakistani              | <input type="checkbox"/> Black African & White          | <input type="checkbox"/> Irish Traveller                                  |
| <input type="checkbox"/> Bangladeshi            | <input type="checkbox"/> Asian & White                  |   |
| <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Other Dual Heritage background |   |
| <b>Black or Black British</b>                   | <b>White</b>  | <b>Chinese</b>  |
| <input type="checkbox"/> Caribbean              | <input type="checkbox"/> White British                  | <input type="checkbox"/> Chinese  |
| <input type="checkbox"/> African                | <input type="checkbox"/> White Irish                    |   |
| <input type="checkbox"/> Other Black background | <input type="checkbox"/> Other White background         |   |
| <b>Arab or Middle Eastern</b>                   |   | <b>Other</b>  |
| <input type="checkbox"/> Arab                   | <input type="checkbox"/> Kurdish                        | <input type="checkbox"/> <b>Other ethnicity, please specify:</b><br>_____ |
| <input type="checkbox"/> Afghani                | <input type="checkbox"/> Other Middle Eastern           |   |

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| Your sexuality...                                |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Straight / Heterosexual | <input type="checkbox"/> Gay Man | <input type="checkbox"/> Gay woman / Lesbian |
| <input type="checkbox"/> Bisexual                | <input type="checkbox"/> Other   |  |

| Do you consider yourself to have a disability?                                 |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                 |                                   |
| If you answered yes, please tell us with which disability you identify with... |   |                                   |
| <input type="checkbox"/> Learning difficulty / disability                      | <input type="checkbox"/> Long term or life-limiting illness | <input type="checkbox"/> Sensory  |
| <input type="checkbox"/> Multiple disabilities                                 | <input type="checkbox"/> Mental health issues               | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other, please specify: _____                          |   |                                   |

| Your faith/religious belief...       |                                    |                                   |
|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Hindu       | <input type="checkbox"/> Jewish    | <input type="checkbox"/> Muslim   |
| <input type="checkbox"/> Sikh        | Other, please specify: _____       |                                   |

| Your postcode... |
|------------------|
|                  |

| Your school... |
|----------------|
|                |

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