



Orbit Rising Stars Award Application Form

Please read ALL the guidance and criteria notes included in your pack before completing the application form.

Application Form should be completed by a Parent, Guardian or Carer.

All sections of the form must be completed for the application to be considered.

Section 1: About the Young Resident (applicant).

NAME	
ADDRESS	
DAY TIME TELEPHONE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	
AGE	
SEX: M/F	

Which school/nursery do they attend?	
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Which of the following groups do you consider you belong to:	
Please tick	
White-British	Black or Black British-Caribbean
White-Irish	Black or Black British-African
White-Other	Black or Black British-Other
Mixed-White and Black	Asian or Asian British – Indian
Mixed-White and Black African	Asian or Asian British Pakistani
Mixed-White and Asian	Asian or Asian British-Bangladeshi
Mixed-Other	Asian or Asian British-Other
Chinese	Other
Disabilities	Yes No
Does the young resident have any disabilities?	If yes, please state disability:

Section 2: Activity.

What activity has the young person chosen?
How will this activity benefit them in the future?

Section 3: Costs and Dates.

How much money is required for the young person to undertake the activity?
Please provide a breakdown of the cost (see guidance notes for an example).

Are you getting any other help towards the costs? If you are, please tell us who will be helping you.

When will their activity start and end? (see guidance notes for an example) **Please provide dates (even if only approximate).**

Please provide details of the organisation that will be running the activity that the young person would like to be involved in.

It is important that you provide details of the organisation running the activity as payment of the award will be made to them.

Name of organisation:

Address:

Who to contact at the organisation:

Telephone Number:

Fax Number:

E-mail address:

Section 4: Reference.

One referee must be provided, who should know the young resident in an educational capacity (teacher, tutor, religious leader, youth worker, community worker or social worker). **This reference needs to be typed or written on official headed paper, signed and sent back with the application form.**

Name of Referee:

Address:

Relationship to Applicant:

Tel No:

e-mail:

Section 5: Photography & Monitoring Consent

Following a successful application, Orbit East and Orbit South Housing Associations may want to check (monitor) how the activity is progressing. We may want to take some publicity photographs and details about the successful applicant and their activity to use in annual reports and newsletters etc. To do this, Orbit East and Orbit South Housing Associations need the permission of a Parent or Guardian.

Please read the following statement and sign where appropriate if permission is granted

I hereby assign any right I may have in the photograph(s) taken during the monitoring of the award to the Orbit Group, which includes Orbit Heart of England, Orbit South, Orbit New Homes, Orbit East, Orbit First Step, Orbit Group Limited and Heart of England Housing and Care, including the absolute right to use the photograph(s), name and any statement or caption, solely and exclusively for:

Promotion- local/national press	Annual reports
Leaflets	Annual reports to Residents
Brochures	Poster
Website	Newsletters

I hereby grant all consents necessary including under the Copyright Designs and Patents Act 1988 to enable the Orbit Group to make full use of the copyright in the photograph(s) in perpetuity, on all media, worldwide. I agree that Orbit Group may use, assign, licence or otherwise transfer the copyright in the photograph(s) without liability or notification to me and I hereby waive any moral rights that I may have in the photograph(s).

I am over 18 years of age. (Parent/Guardian must sign for children under 18 years of age)

Signature of Parent/Guardian:

.....

Name of Parent/Guardian:

.....

Date.....

I understand that this information will be held for no more than 3 years.

Section 6: The declaration is to be signed by a parent/guardian or carer.

To the best of my knowledge the information included in this application is correct and accurate. I agree to the criteria and terms of the award if my application is successful.
Name:
Relationship to Applicant:
Signature of Parent/Guardian/Carer:
Date:

Section 7: Feedback

Please tell us where you heard about the Orbit Rising Stars Award.

Did you feel the application form and guidance were user friendly?
YES NO
If no please tell us how the forms can be improved.

CHECKLIST – Have you?

- Signed this form where appropriate.
- Provided the activity provider's details and made the initial contact.
- Included the written reference with this form.

Please send your completed application to:

Gareth Thomas
Community Investment Officer
Orbit South Housing Association
156-168 West Street
Erith
Kent DA8 1AN