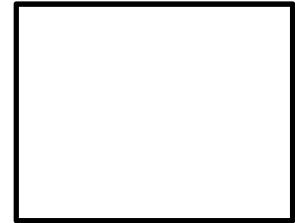




72 Harbour Street
11th Floor
Air Jamaica Building
Kingston, Jamaica



Place Picture Here

CHILDREN'S ADVISORY PANEL APPLICATION FORM

CHILD PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: _____

School: _____ Principal: _____

School Address: _____

Home Address: _____

Contact Number: _____ Email Address: _____

EMERGENCY CONTACT

Name: _____

Relationship to Child: _____

Contact: _____

PARENT'S/GUARDIAN'S INFORMATION

First Name: _____ Last Name: _____

Contact Number: Home _____ Work _____ Cell _____

Email Address: _____

EXTRA CURRICULAR ACTIVITIES

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

LEADERSHIP EXPERIENCE/POSITIONS OF RESPONSIBILITY (This does not have to be current)

Name of Institution/Organization _____ Position Held (student government/clubs/societies) _____

1. _____

2. _____

3. _____

4. _____



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Are you currently serving on any other child related committee or advisory panel?

YES

NO

In your own words state what you understand the roles and functions of the Office of the Children's Advocate to be.

In no more than 100 words explain your reason for wanting to become a member of the Children's Advisory Panel of the Office of the Children's Advocate. Please say in what way you believe you will be able to make a difference in the lives of other children.

DECLARATION OF: APPLICANT

I _____ declare that the information given in this application is correct to the best of my knowledge and belief. I agree to uphold all the rules and regulations and stipulations of the OCA's Children's Advisory Panel and will at all times represent the organization in my best capacity. Failure to do so is my unspoken forfeit of my place on the Advisory Panel.

Signature: _____ Date: _____

PARENT/GUARDIAN

I _____ declare that my permission has been granted for my child/ward _____ to apply and become a member of the Children's Advisory Panel of the Children's Advocate.

Signature: _____ Date: _____

SCHOOL

I _____ declare that this institution _____ is aware that _____ has applied to become a member of the Children's Advisory Panel of the Office of the Children's Advocate.

School's stamp to be affixed here: