 

**CONSENT FORM**

**Youth Commission on Police and Crime for Leicester, Leicestershire and Rutland:**

*If you are under 18, please ask a parent/guardian/carer to complete and sign this form.*

I consent to [NAME] ………………………………………………………………………………………… becoming a member of the Youth Commission on Police and Crime for Leicester, Leicestershire and Rutland

Parent/guardian name (PRINT)………………………………………………………………………………………

Parent/guardian signature …………………………………………………………………………………………

Relationship to applicant……………………………………………………………………………………………

Date………………………………………………………………………….................................................

Contact telephone number………………………………………………………………………………….

E-mail …………………………………………………………………………………………………………

**This form needs to be completed and brought to the induction day**

**If you have any questions please email** youth.commission@leicestershire.pnn.police.uk