**Capital Theatres Youth Advisory Board**

Application Form

Please email the form back to engage@capitaltheatres.com by **Sunday 9 June**

We will let you know if you are shortlisted by
Friday 14 June

1. Your full name:
2. Do you have preferred pronouns?
3. Your email address:
4. Your phone number:
5. Your age:
6. Which of these describes your current situation?
* Studying – school
* Studying – college
* Studying – university
* Training – apprenticeship
* Training – other
* Caring for someone
* Employed
1. Why would you like to join Capital Theatres Youth Advisory Board?
2. We want the group to bring together people with different skills, experiences, backgrounds and perspectives. What can you add to the group?
3. What three things should Capital Theatres do to be more attractive to young people?