Young Supporter Network Form

The **Young Supporter Network** is a network of young people, living with epilepsy, who would like to engage and participate with Young Epilepsy in different ways! As a member of the network, you will be contacted from time to time to update you on what Young Epilepsy is up-to, as well as to ask for your views, opinions, and advice, on a range of topics that affect children and young people with epilepsy.

**Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | |  |
| Address line one\* | |  | | Address line two\* |
|  |  | |  | |
| City\* | |  | | Postcode\* |
|  | |  | |  |
| Country\* | |  | |  |

## Young Person’s Details

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Name\* | |  | Surname\* |  |
|  |  | |  |  |
| Date of Birth (dd/mm/yyyy) \* |  | | Gender\* |  |
|  | |  |  |  |
| Email Address\* | | | |  |

|  |  |
| --- | --- |
| **Status** | |
|  |  |
| Full Time Employment | School Student |
| Part Time Employment | College Student |
| Self Employed | University Student |
| Unemployed | None of the above |

**Ethnicity**

White

Asian

Black

Mixed

Other

**Contact Preferences**We would like to use your contact details to communicate with you with news and information about Young Epilepsy and ways to support us. Please choose how you'd like us to contact you:

Email

Post

Phone: …………………………………………………………………………………

Name & Date…………………………………………………………………………………………………………………………………………………………………………