

**Young Person's Profile & Interest form**

Name of Young Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School/College \_\_\_\_\_

Age & Date of Birth

\_\_\_\_\_

Contact telephone number (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

Details of any health conditions, allergies e.g. food, special needs, disabilities  
or medical requirements

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please tick programme(s) and/or group you would like to attend***

**Heading for Healthy Relationships** 14-19 years \_\_\_\_\_

**Transformers 2** (13-18 years) \_\_\_\_\_ **The Voices group** (14-19 years) \_\_\_\_\_

Signed: \_\_\_\_\_

Parents/Guardians signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to the Childcare team, "The Naomi Centre",  
2, Cullybackey Road, Ballymena Tel: 028 2563 2136