



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ

ΓΡΑΦΕΙΟ ΕΠΙΤΡΟΠΟΥ ΠΡΟΣΤΑΣΙΑΣ ΤΩΝ ΔΙΚΑΙΩΜΑΤΩΝ ΤΟΥ ΠΑΙΔΙΟΥ

APPLICATION FORM FOR THE PARTICIPATION AT THE YOUNG ADVISORS TEAM OF THE COMMISSIONER FOR CHILDREN'S RIGHTS (YAT – 14th TEAM)

Personal Information

Name and Surname: Date of Birth: Address: Area/Suburb: Zip Code: Mobile No: Email: School: Mobile No of parents/guardians:

Tick (✓) if something applies in your case

I belong to one of the following groups of children, who are at increased risk of having their rights violated:

- Child with an immigrant background
Child with a refugee background (=child who has left his/her country due to persecution)
Child in care
Child in foster family
Child from a minority group (i.e. Maronite, Armenian, Latin)
Child with a disability
Child with a different sexual orientation
Child from a very poor family
Other (Explain:)
I cannot communicate in Greek. I can communicate at:

Answer the question:

“What are your expectations from your participation in the Young Advisors Team of the Commissioner and what will be your contribution in case you are selected?”

.....
.....
.....
.....
.....
.....

CHILD’S DECLARATION

I have been informed about my obligations in case I am selected as a member of the Young Advisors Team and I declare my intention to fulfill my role responsibly and consistently.

Child’s Full Name:.....

Children’s Signature:..... Date:

PARENT’S/GUARDIAN’S DECLARATION

I have been informed of the terms and conditions of the announcement of the Young Advisors Team of the Commissioner for the Rights of the Child and I declare my intention to strengthen and facilitate in every possible way the participation of my child in case s/he is selected.

Parent’s/Guardian’s Full Name:.....

Parent’s/Guardian’s Signature :..... Date:

Note 1: According to the Processing of Personal Data (Protection of the Person) Law of 2001 Law138(I)/2001, personal data are not disclosed in any case.

Note 2: The transfer of children from other cities to and from Nicosia for the meetings of the YAT is arranged by the Office of the Commissioner for the Rights of the Child and there is no financial burden for the children.

In case I won’t be selected to participate at the YAT, I give my consent, so that my personal data can be used by the Office of the Commissioner to be informed related to various events/actions.

Child’s Signature: Parent’s/Guardian’s Signature:.....

DECLARATION FOR PUBLICATION OF MATERIAL

We inform you that in the context of the activities of YAT, photographic material and / or video are taken. For the purposes of promoting the actions of the YAT, but also of promoting the responsibilities of the Institution of the Commissioner, part of the safeguarding of the rights of the child, this material is channeled to:

- (a) the media (print, electronic and online);
- (b) the internet media operated by the Commissioner (website and social media);
- (c) printed material issued by the Commissioner;
- (d) collaborators of the Institution of the Commissioner, who can promote the material through the media or online media that operate, with the aim of raising public awareness and safeguarding the rights of the child.

Please provide give your consent for the publication of photos and / or videos. It is understood that any material channeled into any medium will respect the dignity of the child and will not expose him/her in any way.

- I consent my photos and/or videos to be publicized in the above ways.
- I don't consent my photos and/or videos to be publicized in the above ways.

Child's Signature: Date:

- I consent my child's photos and/or videos to be publicized in the above ways.
- I don't consent my child's photos and/or videos to be publicized in the above ways.

Parent's/Guardian's Signature: Date: