**NIHR Youth Worker Study: INVESTIGATING HOW DEDICATED YOUTH WORKER SERVICES FOR YOUNG PEOPLE WITH PHYSICAL AND/OR MENTAL HEALTH CONDITIONS ARE ORGANISED, PROVIDED AND EXPERIENCED**

Name:

Address:

DOB:

Email:

Telephone number:

Tell us about you and what your long-term health condition is:

Name of Youth Service/Youth Worker you have had support from and where they are based:

Why would you like to get involved in the Research Project?:

Can you commit to 6 meetings plus additional time for reading materials over a 30-month period?:

Is there anything you would like to tell us about you, that would be good for us to know, so we can support you, if you do take part in the research group?: