YOUTH SSVP GROUPS

ANNUAL SECRETARIAL FORM

For Group Leaders (staff member) to complete

Youth SSVP Group name: **Date :**

……..

Group Leader Name(s)		
Contact Address and Postcode		
Email Address(s)		
Contact Number(s)		
Which secondary school(s)?		
How many in group?		
How often do you meet?		
Please describe as specifically as possible in the space below all the activities your Youth SSVP group organises and/or takes part in. If the group is involved with more than one activity, please summarise. Please also include an estimate of the number of hours spent on activity as per the above question.		

Thank you for taking the time to complete this form. It allows us to accurately provide accurate reports on the progress of Youth SSVP.

Please continue on another sheet if necessary, and return via email or post.