**NEW STUDENT GROUP APPLICATION FORM**

Please supply all the details requested below and submit completed form to [studentgroups@ljmu.ac.uk](mailto:studentgroups@ljmu.ac.uk). Returned forms will be brought before the Student Union Sabbatical Officers subject to approval.

**PROPOSAL FORM**

|  |  |
| --- | --- |
| **New Student Group Name** |  |
| **Your Name** |  |
| **Your Student Email** |  |

|  |  |
| --- | --- |
| **Who is the new or student group aimed at?** |  |
| **What do you plan to offer to prospective members? Please note it must not be currently offered at JMSU.** |  |
| **How often would you wish the student group to meet up/compete/perform/**  **practise?** |  |
| **Are there any specific events which such a student group would be keen to run?** |  |
| **What facilities and/or equipment would the student group require?** |  |
| **Why do you want to set up the student group?** |  |
| **Any other special requirements or information? (relevant to this application)** |  |
| **Date Submitted** |  |

**SIGNATURE FORM**

The **Signature Form**should be filled in by at least 2 CURRENT students who are interested in joining the student group.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **Email Address** | **Signature** | **Date** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |
| 16. |  |  |  |
| 17. |  |  |  |
| 18. |  |  |  |
| 19. |  |  |  |
| 20. |  |  |  |

By completing the form you consent to us contacting you further with regards to the information provided. We will not share your contact details with any third parties or contact you with regards to any other activities. If you require any further information as to how we will store your contact information, please write to Caroline Gago-Bates - Data Protection Officer, Liverpool Students Union, John Foster Building 80-98 Mount Pleasant, Liverpool, L3 5UZ or email C.GagoBates@ljmu.ac.uk.

Please submit the completed form to Students’ Union Reception or email [studentgroups@ljmu.ac.uk](mailto:studentgroups@ljmu.ac.uk).

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Sabbatical Officer 1 Name: |  |
| Sabbatical Officer 1 Signature: |  |
| Confirmation/Decline Date: |  |