



**Parents Advisory Group
Application Form**

All information sent to Sunny D will remain confidential and will be used for no other purpose than the recruitment of parents to the Parents Advisory Group

Contact Information

First Name: _____ Second Name: _____
 Address: _____
 _____ Postcode _____
 Telephone Number: (Home) _____ (Mobile): _____
 Email Address: _____
 We may need to contact you by phone. If we do, when and how is the best time to contact you?

About you

What is your date of birth?

Day:		Month:		Year	
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Do you work?

Please tick

Yes:	Full Time:	Part Time:	Voluntary:	What do you do?
No:				

It would be helpful for us if you were to give us an indication of your total annual household income? If you are happy to provide this information please tick the appropriate box below.

Please tick

Less than £10,000	
£10,000-£20,000	
£21,000-£30,000	
£31,000-£40,000	
£41,000-£50,000	
Over £50,000	

Have you ever been convicted of any offence, including road traffic, other than a spent conviction, under the rehabilitation of offenders act 1974? Yes/No *(Please circle appropriate response)*

If yes please give details. _____

About your children

Please write below the names of your children and their ages

Boys	Age		Girls	Age

What do your children eat and drink?

Sunny D is changing. By being a member of the Parents Advisory Group you can help influence what Sunny D does and the way its drinks are promoted. The parents on the Group will help us to understand the concerns of all parents and what doing the best for their family really means. It is important that the parents on our Parents Advisory Group represent lots of different views. To make sure this happens we need to know a little bit about the soft drinks your children drink, the food your family eats and what would help you to do the best for your family.

Soft Drinks

How often does your child / children drink the following:-

Please tick where applicable

	Everyday	Few times a week	Never
Fizzy Drinks e.g. Coke			
Squash/Dilutables e.g. Ribena, Robinsons			
Milk			
Water			
Fresh fruit juice e.g. apple/orange			
Juice drinks (e.g. Sunny D/Fruit Shoot)			

Food

How often does your child / children eat the following

Please tick where applicable

	More than once a day	At least once a day	A few times a week	Never
A piece of fresh fruit				
Breakfast cereal				
A packet of crisps				
Vegetables				
Biscuits and/or cakes				
Sweets				

What do you think?

Against each of the following statements please put a tick against how strongly you agree or disagree about what it says.

	Strongly Agree	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Strongly Disagree
I have little control over what my children eat and drink.					
Soft drinks can have a role to play in a child's balanced diet.					
Exercise is as important as diet in controlling childhood obesity.					
I believe food manufacturers should do more to help promote balanced diets.					
Marketing food directly to children should be banned.					

Against each of the following statements please put a tick against how strongly you agree or disagree about what it says (continued)

	Strongly Agree	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Strongly Disagree
I often find other parents come to me for advice.					
UK companies are too focussed on making profit.					
I often think other parents are far more organised than me.					
Schools have more responsibility than parents for ensuring that kids have a balanced diet.					

Community Involvement

Are you involved with any clubs / groups / committees? Please outline below the name and nature of the group and your level of involvement

Group & Description	Position held

What other hobbies or interests do you have?

In your own words

Please tell us in 50 words or less what you think a soft drink manufacturer could do to help parents do the best for their families:

And finally

I confirm that I have read and agree with the terms and conditions of the Parents Advisory Group and that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection and/or dismissal as a member of the Parents Advisory Group. All information contained on this form will be kept in the strictest confidence.

Please sign and date here.

Signature

Date:

Please complete your form and return it to:

**Sunny D Parents Advisory Group,
Sunny D
Freepost**