North East Wilderness Leadership Program

(completed by nominating person)

It is important that the referring agency completes this document accurately to ensure that the participant is provided with the best support during the normal conduct of the program and in case of emergency.

This application is to be completed and sent to: Anthony Nicholson at anicholson@wodonga.vic.gov.au or post to Wodonga Council Youth Services, Po Box 923 Wodonga Vic 3689

NSW - Carolyn Enshaw at carolyn.enshaw@gsahs.health.nsw.gov.au or post to Albury Mental Community Health Service, 475 Townsend St, Albury NSW 2640

Participant Details

Participant's surname _____ Given names _____

Date of birth _____ Age _____ Sex ☐ Male ☐ Female

Address _____

Suburb _____ Postcode _____

Telephone Home _____ Work _____ Mobile _____

Nominating Person

Surname _____ Given names _____

Association with participant _____

Address _____

Suburb _____ Postcode _____

Office hours phone _____ Mobile _____

Primary Care Giver

Parent ☐ Guardian ☐ Primary Contact ☐

Surname _____ Given names _____

Association with participant _____

Address _____

Suburb _____ Postcode _____

Office hours phone _____ Mobile _____

Emergency Contact Details

Is the Primary Care Giver listed above the primary contact in case of emergency? Yes ☐ No ☐

Is the person under a Family Court Order or any other order? Yes ☐ No ☐

If YES, please supply relevant details

_____

_____

_____

Presenting Strengths

Please identify strengths

_____

_____

_____

_____

_____

_____

Areas of Improvement

Please Identify any areas for improvement

Final Comments

Please add other aspects not covered above that could help the YMCA provide a positive experience for this participant.

Guardian's Consent

Do you have the Guardian's consent for this nomination? Yes ☐ No ☐

If YES please have them sign the form

I _____ (Guardian's name) consent to this nomination of _____ (Child's name) for participation in the "North East Wilderness Leadership Program". I understand that all information contained in this form is confidential.

Guardian: _____ Date: / /

Please print name here _____

Privacy Statement:

The YMCA acknowledges and respects the privacy of individuals.
The information that is being collected on this document is for the purposes of processing your membership or enrolment and financial institution payments if applicable. The YMCA, its authorised staff and contracted service providers such as financial institutions and Government agencies covered by law, maybe recipients of this information. You have the right to access and alter personal information protecting yourself in accordance with the Commonwealth Privacy Act (Amended 2001). Full details of the YMCA Privacy Policy can be obtained on request at the Branch or on line at www.victoria.ymca.org.au .

Please note there will be further paperwork from YAW and the YMCA should the nomination be accepted.

YMCA Camps Taskforce Manager
Brendan Smith
Ph: 5772 1477
www.camps.ymca.org.au

YMCA
We build strong **PEOPLE** strong **FAMILIES** strong **COMMUNITIES**