THE AMANDA YOUNG FOUNDATION
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The Amanda Young Foundation 2017 Young Leaders' Eco-Health Summit

APPLICATION FORM

Nominations Close: Thursday 9th March 2017

SECTION 1: To be completed by the STUDENT

Part A Personal Details (please print)

Surname: .....

First Names: .....

Preferred Name: .....

Male Female (Please circle) Date of Birth: .....

Name of School: .....

Home Address: .....

.....P/Code.....
Postal Address: .(if different)

.....

Student Home Phone Number: ( ).....

Students Mobile…….

Students Email: (**please print legibly**) **NB. ALL COMMUNICATION WILL BE BY EMAIL WHEREVER POSSIBLE**

……...

T-Shirt Size (please circle): Small Medium Large X-Large

How did you hear about the Summit? ……..

Statement of obligation:

Should I be selected for the AYF Young Leaders Eco-Health Summit 2017, I agree to abide by the safety regulations. I also acknowledge that in return for a place I will be asked to support the aims of the Foundation in raising awareness about Meningococcal Disease.

Student's Signature: ..... Date: .....

Part B: Subject Details

1. Units/Subjects completed in 2016 with grades:

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2. Units/Subjects to be studied in 2017:

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3. Please list details of any awards, work experience, club membership etc.

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4. List any clubs and / or organisations you are involved in and what role you play in the group.

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5. List any activities that you have been involved with which highlight your leadership abilities (Eg Youth Parliament Forum, School Council, Community Groups etc).

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6. List what you think are your main leadership qualities.

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7. Why would you like to attend this camp?

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8. Why is leadership in the areas of Environment and Health important to you?

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SECTION 2: To be completed by PARENT or GUARDIAN

I am aware that my child is submitting this application. To the best of my knowledge he/she will, if selected, be able to participate in the programme and will abide by the conditions of the Amanda Young Foundation.

I acknowledge that I am liable for the subsidised *Summit fee* of *$150.00* (including GST) and all transport costs not covered in the programme.

I acknowledge that in return for a place my child will be asked to support the aims of the Foundation in raising awareness about Meningococcal Disease.

Name of Parent or Guardian: (Please print): .....

Parent Home Phone Number: ( ).....

Parent Mobile ……. ……..

Parent Email: (please print)

……...

Signature of Parent or Guardian: .....

Date: .....

Travel Bursaries

Limited funds are provided for financial assistance for students whose economic circumstance would otherwise prevent their attendance at the Summit. Bursaries are restricted in number and will be offered on a needs basis. Bursaries provide supplementation of fares by the most economical form of transport to and from the student's permanent home.

An application for financial assistance is attached (last page) and must be submitted through the student's school with a supporting statement.

SECTION 3: To be completed by the TEACHER

Teacher's Name: .....……..

Teachers title …….

Teachers contact details

Phone …….

Email …….

School: .....……

General comments on suitability of student according to their leadership qualities:

.....

.....

.....

If more than one applicant from School, rank for this nominee:

Name: .....

Rank (i.e. 1, 2, 3) .....

CRITERIA

To teachers only:

1 To what extent does the student display leadership aptitude (eg does the student belong to any clubs in which they hold a position of responsibility)?

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2 Is the student a good participant in class / school activities?

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.....

Teacher's Signature: .....

Date: .....

SECTION 4: APPLICATION FOR FINANCIAL ASSISTANCE. To be completed by School

Note: Applications for financial assistance **must be submitted through the school with supporting evidence/statement**. If you have given a student a high ranking in your nominations but believe that he or she might be unable to attend due to the cost of travel to and from Perth, please complete the appropriate section. Bursaries will be awarded strictly on a needs basis.

2017 Young Leaders Eco-Health Summit - TRAVEL BURSARIES

APPLICATION FOR TRAVEL BURSARY AYF 2017

Name: .....

School Ranking: .....

School: .....

Home Address: .....

.....

Home Phone Number: (.....).....

Reason for application: .....

.....

.....

Parent / Guardian's Signature: .....

Teacher/Principal's Signature: ……

Please return all completed forms to:

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Perth Business Centre WA 6849

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