

Rotary Youth Leadership Award District 9800 2011 Application Form



Instructions for completing this form:

1. Download the Application Form from our website, www.ryla9800.org.au. This is a writeable PDF and can be saved and refined before being lodged.
2. Complete the Application Form in Adobe Acrobat Reader (The latest version of Adobe Acrobat Reader can be downloaded for free by clicking the 'GET ADOBE READER' button from <http://www.adobe.com/downloads/>). To respond to a question, please use your mouse to click in the box following the question and use your keyboard to input text (please note there is a limited amount of space to answer each question). To respond to multiple choice and 'Yes/No' questions, click the appropriate check box.
Please ensure that you respond to all questions marked with an asterisk (*). Your application will not be considered if these questions are not completed.
3. Save your completed application as "<Your Name> RYLA Application Form 2011".
4. Ensure all details on the the form are accurate and complete, and email the form to admin@ryla9800.org.au, with the subject line reading "<Your Name> RYLA Application Form 2011".

Alternatively, this form can be printed out, completed by hand and faxed to 03 9706 9374 (Attn Wayne Hunter) or posted to Attn Wayne Hunter, Fac 5, Rear 121 Frankston - Dandenong Road, Dandenong South, VIC, 3175

Thank you for taking the time to complete an application for RYLA 2011. A member of the RYLA Team will be in contact with you in the near future.

SECTION ONE: CONTACT DETAILS

Please note: Fields marked with an asterix * are compulsory. Applications that do not address those fields will not be considered.

Surname*			
Given Name*			
Preferred Name			
Street Address Line 1*			
Street Address Line 2			
Suburb*			
Post Code*			
Phone (Mobile Preferred)*			
Email Address*			
Preferred Contact Method	Phone	Email	
Date of Birth*			
Gender*	Male	Female	
How did you find out about RYLA? (please select most appropriate answer)	Past RYLA Participant	Rotary	Rotaract
	School / University or Youth organisation (name)		Other
If you chose Other, please specify			

SECTION TWO: ABOUT YOU

Please tell us a little about yourself... In this question we are not really looking for a list of everything on your resume (although you should be really proud of everything you have done!) but we would like to know what experiences you can share with others participating in RYLA and what you are passionate about. **Responses are limited to around 80-100 words for the questions in this section.**

What are you currently doing in relation to work or study?*

Are you involved in volunteer or other community work? *
(Note you do not have to be involved in this type of work to be considered for RYLA)

During the week you will be interacting with approximately sixty other participants. Program content is varied and the program schedule involves long days, including lecture-style sessions, interactive activities and periods of independent reflection time. Throughout the program you can expect to have your own views and opinions challenged. How do you think you will adapt to this environment?*

A central and crucial component of the RYLA Program is 'time away' from everyday life.

- There is no access to Email/Internet or TV.
- All participants are strongly encouraged not to bring their mobile phones
- Participants who elect to bring their mobile phones will only be permitted to access their phones after 10pm each evening. Phones will not be able to be brought into the program space. Participants who rely on their mobile phone as a watch will need to rely on the clocks on the wall for the week! Is this something you are happy to adhere to?*

SECTION THREE: SPECIAL NEEDS AND MEDICAL DETAILS

Where possible, RYLA seeks to cater for individuals of all abilities, cultural and religious backgrounds, and any specific dietary or medical needs. Please use the space below to indicate any special needs you may have. This information will be retained by the RYLA Chairman and Co-directors and used only in case of emergency or to help manage a pre-existing requirement or medical condition. All information is treated with the strictest of confidence.

Do you require additional support to participate in RYLA, e.g. large print handouts, wheelchair access, etc?*

If yes, please specify details

Yes No Details:

Do you have any allergies (e.g dairy allergy, nut allergy) or special dietary requirements (e.g. halal, vegetarian)?*

If yes, please specify details

Yes No Details:

Does this condition, or any others, require you to take regular or prescribed medication?
This information will need to be provided to the Medical Officer at the commencement of the program. If yes, please specify details

Yes No Details:

Do you have an allergic reaction to any medication(s)? E.g. penicillin, aspirin, etc.* If yes, please specify details

Yes No Details:

Can you be administered a painkiller, e.g. aspirin or Panadol by a RYLA team member if requested?*

Yes No

Is there anything else we need to know?

Name of Regular Doctor*

Doctor's Phone Number*

Medicare Number*

Do you have private health insurance?*

Yes No

Do you have Ambulance Cover?*

Yes No

In case of emergency, who should we contact?

Name*

Relationship to you*

Home Phone

Work Phone

Mobile*

SECTION FOUR: FINDING A SPONSOR

If your application is successful, a Rotary Club will sponsor you to attend RYLA. This means you pay nothing to attend. In return, you will be expected to attend a meeting of your sponsoring club after RYLA to convey your experiences.

Are you currently in contact with a Rotary Club that has indicated interest in sponsoring you?

Yes

No

If YES please provide club details below

Name of Club

Name of your contact within the Club

If NO, your application will be included in a 'pool' of applicants and we will seek to find a sponsoring club on your behalf.

SECTION FIVE: RYLA RULES AND GUIDELINES

The RYLA team tries to make the program as much fun and as enjoyable as possible, while ensuring the comfort and safety of all participants. To help facilitate a safe and comfortable experience, we ask participants to adhere to the guidelines and rules outlined below. **Please read them carefully and tick the box below to indicate you agree.**

1. Participants are expected to adhere to meal and session times.
2. No alcohol or illicit drugs are to be used at, or taken to, RYLA.
3. Smoking is only permitted during breaks and in designated areas.
4. Participants will be allocated gender segregated sleeping areas and will be expected to respect the privacy of others at all times.
5. Participants are to bring all personal items for the full week. Participants will not be permitted to leave the Oasis Youth Camp site during the week and there is no opportunity to visit shops, pharmacies, or supermarkets.
6. There are minimum requirements expected for cleaning and general housekeeping.
7. Participants must abide by the rules of the Oasis Youth Camp and follow directions of Oasis Youth Camp staff and the RYLA Team at all times.
8. Mobile phone use will not be permitted under any circumstance during the day's program (emergency phone numbers will be given to participants to pass on to family and friends in case of emergency).
9. Participants are not permitted to bring vehicles to RYLA.
10. Participants who engage in misconduct (including inappropriate conduct with other participants) during the program will have their participation in the program terminated and be asked to leave.
11. You will be financially sponsored to attend RYLA by a Rotary Club. As such, there is an expectation that you will participate in all sessions and activities in good faith (taking into account your personal abilities). Failure to do so may result in your participation in the program being terminated.
12. RYLA 2011 runs from Sunday November 27th at 8.45am through Saturday December 3rd at 3pm. During this time you will be expected to fully participate in the program, and as outlined above you will not be able to leave the venue for any reason whatsoever and will not have access to mobile phones or internet during program hours.

Do you agree to the Rules and Guidelines above?

Yes

No

SECTION SIX: INDEMNITY AND AUTHORITY

This section must be completed by the applicant.

To: Each and all members of Rotary District 9800 Rotary Youth Leadership Award Committee ("The Committee") and each and all of the members of the Rotary Club of Yarraville ("The Host Club")

INDEMNITY AND AUTHORITY:

I hereby apply for the Rotary Youth Leadership Award (RYLA) and agree to abide by the Rules and Conditions of participation set out in this application form. In consideration of The Committee making a Rotary Youth Leadership Award to the abovementioned Awardee ("The Awardee") and the Host Club including the Awardee in the RYLA Seminar to be held as provided herein, I promise to indemnify and to keep indemnified each and all of you, your officers, servants and agents from and against all damages, claims, demands, costs and expenses of any nature whatsoever arising out of any accident or illness which may befall or occur to The Awardee during his or her participation in the RYLA Seminar. I further authorise you, your officers, servants and agents in the event of any accident or illness to obtain any medical assistance for The Awardee and I agree to pay all costs and/or expenses whatsoever incurred by you in respect of that assistance or treatment.

Do you agree to the above Indemnity and Authority?	Yes	No
Name:		
Date:		

Finally, please email your completed application form to admin@ryla9800.org.au

OR FAX to 03 9706 9374 (Attn Wayne Hunter)

OR Post to Attn Wayne Hunter, Fac 5, Rear 121 Frankston - Dandenong Road, Dandenong South, VIC, 3175

If you have questions or difficulties with the application form, please contact the Co-Directors:

Alick Weber - 0409 396 596 - alick.weber@gmail.com

Caley Otter - 0417 383 522 - caleyotter@gmail.com

Once again, thank you for your interest in RYLA.

After receiving your application a member of our team will be in touch with you.

