

**APPLICATION FORM FOR 2024 RYLA EXPERIENCE.**

**SUNDAY 7/04/2024 - FRIDAY 12/04/2024)**

**To be used, whether or not the applicant has connected to a sponsoring Rotary Club.**

**SECTION A**

**Congratulations on taking the first step to becoming a fantastic committed leader by taking part in this amazing RYLA experience.**

**Please complete the following:**

1. **I want to attend and have sponsorship from a Rotary Club YES NO (Please circle)**

**You can get help from your sponsoring Rotary Club to complete the application.**

**Name of the Rotary Club ……………………………………………………………………………….**

**Rotarian contact name ………………………………………………………………………………….**

**Rotarian’s email ……………………………………………………………………………………………**

1. **I want to attend but I do not have sponsorship from a Rotary Club YES NO**

**Please note that we will link you to a Rotary Club for a sponsorship.**

1. **I want to attend but I have some barriers, financial or otherwise, which might prevent me from attending. YES NO**

**Please try to outline these in as much detail as you can in the application and we will do our best to support you to attend.**

**If you do not have a Rotary Club to assist you and you have any difficulties or concerns when completing the application, please email Freda Wright, Registration Officer, details at the end of the application, and she will assist you.**

**PRIVACY: Rotary District 9780 respects your privacy. Personal information gathered as part**

**of the application process is for the sole purpose of your safety and wellbeing for the duration of the RYLA experience and for program planning by the Leadership Team. It will be treated confidentially and stored securely.**

**SECTION B Please note that successful applicants must be aged between 18 and 25 at the start of the experience.**

**1.PHOTO. A head and shoulder photo is essential.**

**It can be a passport photo or one taken on a phone and printed to a similar size of a passport photo.**

**Please attach it in this space before returning**

**this application form to your sponsoring Rotary Club.**

**2. PERSONAL DETAILS. Please print your contact details very clearly to ensure that future communication, including the outcome of your application, reaches you.**

**Surname: ………………………………………………………….……………………….………………………………….……………..**

**First Name(s): ………………………………….……………………………………………….…………………………….………….…**

**Preferred Name: ………………………………….…………………………………………………………………….…………….…..**

**Gender: (Please circle one) Male Female Prefer not to disclose Other …………………….**

**Date of Birth: …..……..… / …..……..… / …..……..…**

**Age at the start of the RYLA experience: …..……..… years …..……..… months**

**Address: ………………………………………………………………………………………………………….……………..……….……**

**…………………………………………………………………………..……………………………………..Postcode …………..….……**

**Email: ………………………………………………………………………………………………………….……………..………………..**

**Mobile: ………………………………………………………………………………………………………….……………..………………**

**Status: (Please circle one) Australian Citizen Permanent Resident Temporary Resident**

**3. EMERGENCY CONTACT**

**Name: ………………………………………………………………………………………………………….…………….………………….**

**Relationship: ………………………………………………………………………………………………………….…………….………..**

**Mobile: ………………………………………………………………………………………………………….…………….………………..**

**4. CURRENT STUDY**

**(Please circle one) None Gap Year Part Time Full Time**

**Name of Institution: ………………………………………………………………………………………………………….**

**Course: ………………………………………………………………………………………………………….…………….……**

**Do you believe that your study might present as a barrier to you attending the RYLA experience? (eg needing to meet set dates, talking to course co-ordinators etc) YES NO**

**If yes, please explain.**

**………………………………………………………………………………………………………………………………………………………**

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**………………………………………………….……….…………………………………………………………………………………………**

**5. CURRENT EMPLOYMENT**

**(Please circle) None Part Time Full Time**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Phone Number** | **Email** | **Your position** |
|  |  |  |  |
|  |  |  |  |

**Do you believe that your employment might present as a barrier to you attending the RYLA experience? (eg needing to have wages, talking to employers etc) YES NO**

**If yes, please explain.**

**………………………………………………………………………………………………………………………………………………………**

**….……….…………………………………………………………………………………………………………………………………………**

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**………………………………………………….……….…………………………………………………………………………………………**

**6. ARE THERE ANY OTHER BARRIERS, FINANCIAL OR OTHERWISE, THAT WE CAN HELP YOU OVERCOME IN ORDER TO ATTEND? YES NO**

**If yes, please explain.**

**………………………………………………………………………………………………………………………………………………………**

**….……….…………………………………………………………………………………………………………………………………………**

**………………….……….…………………………………………………………………………………………………………………………**

**………………………………….……….…………………………………………………………………………………………………………**

**7. COMMUNITY INVOLVEMENT (EG. CLUBS, GROUPS, VOLUNTARY WORK)**

**………………………………………………………………………………………………………………………………………………………**

**….……….…………………………………………………………………………………………………………………………………………**

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**8. HOBBIES AND INTERESTS**

**………………………………………………………………………………………………………………………………………………………**

**…….……….………………………………………………………………………………………………………………………………………**

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**9. HEALTH INFORMATION (PLEASE SEE PRIVACY STATEMENT IN SECTION A)**

1. **Ambulance and health cover. Please note: In the event of an emergency, an ambulance may need to be called on your behalf.**

**Do you have ambulance cover? Yes No Do you have private medical insurance? Yes No**

**If “Yes”, with which health fund are you insured?**

**……………………………………………………………………………………………………………………………………………**

**b. Do you have any anaphylaxis allergies? YES NO**

 **If “Yes”, please complete the table and attach a copy of your ASCIA Action Plan for EpiPen.**

|  |  |
| --- | --- |
| **Allergic to** | **Reaction** |
|  |  |
|  |  |
|  |  |
|  |  |

 **c. Do you have any other allergies (non food related) YES NO**

 **If yes please complete the table**

|  |  |
| --- | --- |
| **Allergic to** | **Reaction** |
|  |  |
|  |  |
|  |  |
|  |  |

 **d. Do you have any physical health concerns or conditions YES NO**

 **If yes please complete the table**

|  |  |
| --- | --- |
| **Concern or condition** | **Associated medication and dosage** |
|  |  |
|  |  |
|  |  |
|  |  |

**e. Do you have any mental health concerns or conditions? YES NO**

 **If yes please complete the table**

|  |  |
| --- | --- |
| **Concern or condition** | **Associated medication and dosage** |
|  |  |
|  |  |
|  |  |

**10. Please complete this question only if we need to make Kangaroobie aware of any specific special dietary management details, not simply foods you don’t particularly like.**

**Please note that Kangaroobie catering staff are trained in menu and meal preparation for individuals with a range of special dietary requirements.**

1. **Name of special diet (e.g. gluten free, lactose free, fructose free, coeliac, vegan, vegetarian)**

**…………………………….…………………………………………………………………………………………………………….**

**and/or**

**any food to be avoided (e.g. “can’t have full cream milk but can have diary in cooked foods such as cakes, biscuits, cheese on spaghetti”)**

**……………………………………………………………………………………………………………………………………………**

**………….………….……………………………………………………………………………………………………………………**

**………………………………….………….……………………………………………………………………………………………**

1. **Please circle if you avoid a particular food, but are able to have products (e.g. bread) labelled in the following ways**

**‘may contain traces of nuts’ ‘may contain traces of dairy’ ‘may contain egg’**

**Other/s ……………………………………………………………………………………………………………………………..**

1. **Please circle reason for avoidance**

**severe allergy mild allergy intolerance**

**Other ………………………………………………………………………………………………………………………..………**

1. **Please outline any other special dietary requirements not covered in the above sections.**

**……………………………………………………………………………………………………………………………………………**

**………….………….……………………………………………………………………………………………………………………**

**………………………………….………….……………………………………………………………………………………………**

**Signed …………………………………………………………………………… Date…………………………………………….**

**Thank you. You have now completed your application form.**

**Now please do ONE of the following:**

* **If you have a sponsoring Rotary Club, hand it to the contact person and they will email it to the RYLA Registration Officer as well as keeping a copy for their records**
* **If you do not have a sponsoring Rotary Club please email the application directly to the RYLA Registration Officer**

**WHAT HAPPENS NEXT?**

1. **If your application is successful, the District 9780 RYLA Committee will notify your sponsoring Rotary Club, if you have one, and you will also receive an email to say you have been accepted.**
2. **You will then receive a Participant’s package via email which will have some extra information which you will need to complete and return before you can attend, including some help to overcome barriers such as speaking to employers or university tutors etc.**
3. **If you do not have a sponsoring Rotary Club we will give you, and a Rotary Club, information so that they can contact you and hopefully sponsor you.**
4. **You will be asked to involve yourself for a short time with your sponsoring Rotary Club by maybe attending some meetings, or helping at events and finding out what Rotary is about**
5. **The Rotary Club will be there to support you until you attend the camp and will be able to sort out transport and any other problems**
6. **Prior to the RYLA Experience you will receive further information about what to take etc**

**CONTACT INFORMATION:**

**Please email this registration to the Registration Officer, Freda Wright**

**Email contact:** **RYLARegistrations@rotary9780.org**

**Phone: 0413 406 433**

**If you have any questions about RYLA please contact the Secretary: Chris Kinley RYLADistrictSecretary@rotary9780.org**

**INFORMATION FOR THE SPONSORING ROTARY CLUB:**

**1. The Registration Fee is $600 per applicant. Please note that this fee is non-refundable for any withdrawals 30 days or less prior to the RYLA experience commencement date as the fees will have been paid to Kangaroobie.**

**2. On receipt of the application the Treasurer will invoice the sponsoring Rotary Club and clubs are asked to please email or text a photo of the bank receipt, when paid, directly to the RYLA Treasurer, whose information will be with the invoice. To avoid any confusion, please include in your email or text your club’s name as well as the name/s of the applicant/s being sponsored.**