



KEY PROGRAM DATES

Preview Day: **Saturday 16th March 2013, Adelaide City**

Information, Q & A, demonstrations, guest speakers, support in seeking sponsorship, information on completing SACE credits... for all applicants, teams, families, teachers and sponsoring organisations to come and meet the leaders, and try before you buy.

Training Weekend: **Saturday 11th & 12th May 2013, Adelaide City**

The time to get geared up for all you need to know in creating your team Bill and presenting this in Parliament! This is arranged as a 2-day event, but is non-residential. (Accommodation can be arranged for regional participants)

Parliament Week (residential camp): **Sunday 14th — Friday 19th July 2013**

Accommodated in Marion with visits to Parliament House, this is the main event to present the Youth Bills. A program packed with fun and opportunity for every individual to grow and connect.

CONDITIONS & COMMITMENTS OF ENTRY

- Compulsory attendance of Training Weekend based in Adelaide city
- Compulsory attendance of Parliament Week (6 day residential camp) based in the Adelaide suburbs
- Commitment to sharing in the workload of your team in the process of researching and writing your Bill
- Provision of your own transport to and from these events (transport provided during Parliament Week)
- Carry out all instructions given by the Youth Parliament Taskforce and YMCA staff
- Respect the apolitical status of the program and refrain from activities which would jeopardize this status
- Treat all involved in Youth Parliament with respect
- A deposit of \$30 is required upon application
- The rest of the program fee must be paid BEFORE Training Weekend
- The program fee is non-refundable (unless exceptional circumstances, where-by prompt written notice is required)
- There are a limited number of places available (around 100); preference will be given to those who have not participated in the program before. Your deposit will be returned to you if you are not accepted into the program.

PERSONAL DETAILS

We aim to have the South Australian community represented at Youth Parliament. Below are a number of personal questions, please fill in as many as you are comfortable to answer and this will help us to develop a participant profile...

1. Full Name: _____

5. Email: _____

2. If you are applying as a part of an already formed team, please indicate team name: _____

6. Age: _____ DOB: ___/___/_____

3. Address: _____

7. Male Female

_____ P/C: _____

8. Aboriginal/Torres Strait Islander

4. Home Phone: _____

9. Culturally Diverse. Country of Birth _____

Mobile: _____

Please indicate if you are Refugee Newly arrived



10. Do you identify as having a disability/special need?
Mental Health issues Autism/Asperger's Physical
Intellectual Brain Injury Other _____

12. Do you have caring responsibilities at home?
 Yes No

11. Are you/were you under Guardianship of the Minister?
 Yes No

13. Do you identify as being LGBTIQ?
 Yes No

OCCUPATION & EXPERIENCE

12. Are you a past Participant: Yes / No If yes, tell us what year(s): _____

13. School/Uni/TAFE/Workplace Name: _____ Suburb _____

14. A SACE pack can be obtained from the YMCA's website for information on how we deliver the SACE component of Youth Parliament. Please tick if you are interested in SACE accreditation as part of your participation in the program?
 Stage 1 Stage 2 Not sure yet

Stage 1: Student SACE Number: _____

Stage 2: Do you have a teacher at your school willing to come to an information session to learn more about the assessment process and supporting you as a student?

Name: _____ Role: _____

E: _____ PH: _____

15. In what ways are you currently involved in your community? Please tick and describe relevant areas.

- Sport/Recreation _____ Political/Activist Group _____
- Service Club _____ Committee/Advisory Group _____
- Religious/Cultural Group _____ Other _____

16. On a scale of 1-5, 1 being poor, 5 being excellent (please circle), how would you rate your general knowledge of:

Local Government 1 - 2 - 3 - 4 - 5 **State Government** 1 - 2 - 3 - 4 - 5 **Federal Government** 1 - 2 - 3 - 4 - 5

17. How did you find out about the Youth Parliament program?
 Youth Parliament Website Past Participant
 Friend Local Council Youth Organisation School/TAFE/Uni Other _____

18. Are there any particular issues in your community/this state that are important to you?



19. What do you hope to get out of Youth Parliament?

20. Are you willing to receive information on any other YMCA programs in the future? YES NO

HEALTH INFORMATION

| | | |
|---|--|--|
| 21. Emergency Contact 1 | Name & Relationship: Contact numbers: | |
| 22. Emergency Contact 2 | Name & Relationship: Contact numbers: | |
| 23. Doctor's Name and Number: | | |
| 24. Medicare Number: | | |
| 25. Do you have Private Health Insurance? Company: Member Number: | | |
| 26. Do you have Ambulance Cover? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Have you been immunized against Tetanus? Approximate date/year: | | |
| 28. Has your appendix been removed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Any special dietary requirements: (eg. Vegetarian, Vegan, Halal, Diabetic etc) | | |
| 30. Any other special needs: | | |

31. Do any of the following conditions/allergies affect you?

| | Yes | No | Details | | Yes | No | Details |
|-----------------|--------------------------|--------------------------|---------|--------------------------------|--------------------------|--------------------------|---------|
| Asthma: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Allergy to insect bites: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Epilepsy: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Allergy to food: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Allergy to other (i.e. drugs): | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sleep Walking: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Strenuous exercise: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hearing Loss: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Medical allergies: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heart Problems: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Diet restrictions: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Bed Wetting: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Behavioural problems: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hay Fever: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Emotional problems: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



PARTICIPANT CONSENT AND DECLARATION

1. I wish to participate in YMCA Youth Parliament 2013. The information I have provided is true and accurate. I have carefully read the conditions and commitments of entry and am prepared to meet these if accepted into the program.
2. I hereby agree that the YMCA and its officers, leaders and staff shall be, to the full extent permitted by law, released from and shall not incur any responsibility or liability whatsoever for any accident or injury sustained by myself in the activities included on this application or for any damage to or loss of my personal property.
3. I understand the YMCA of SA does not accept any responsibility for any personal items that I may choose to bring to the sessions.
4. I acknowledge that if I am required to take medication or eat regularly or have any other special needs it is my responsibility to look after my own health.
5. I understand that I will be required to attend all sessions of the Program, unless I am unable to do so due to cultural, mobility or health reasons, and have sought permission direct from the Program Manager.
6. I further authorise you to obtain, at my cost medical/ambulance assistance in the case of accident or emergency that may involve me.
7. I hereby give permission to participate in the key events of Youth Parliament and all aspects of the program including the local team meetings facilitated by mentors and various recreation activities during the events.
8. I hereby give permission to travel by YMCA bus/car during the program.
9. I hereby give permission for any photographs and video recording taken by staff from the YMCA of South Australia to be used for promotional purposes (i.e. for use on social media, slideshows, posters or our website): Yes No

SIGNED: _____ DATE: ____/____/____

Parent Declaration (for under 18's):

I authorise the Project Manager supervising the Youth Parliament or their delegate to consent, where it is impractical to communicate with me, to the participant receiving such medical or surgical treatment as may be deemed necessary by medical professionals, and agree to meet any expense attached thereto including transport by SA Ambulance Service. I agree that my child may receive First Aid treatment as necessary. I hereby give my permission for my child to participate in all aspects of the program and validate the above consents and declarations.

SIGNED: (Parent or guardian) _____ DATE: ____/____/____

LODGE YOUR APPLICATION

Applications close Friday 5th April 2013

Email: yp@sa.ymca.org.au

Fax: (08) 8353 0384

Mail:

Youth Parliament - YMCA of SA
PO Box 20
Fulham Gardens SA 5024

If you have any questions regarding the program please don't hesitate to contact the YMCA on 8200 2519.



youth parliament
YMCA of South Australia

PRIVACY

The YMCA of South Australia acknowledges and respects the privacy of individuals. The information provided within this documentation is used solely for the purposes listed:

- 1) Processing your enrolment with the YMCA of South Australia
- 2) Providing you with updated information
- 3) Assisting us improve our services to you

By completing this application form, the YMCA of South Australia accepts that the care recipient/carer of the named participant have consented for this information to be collected. The intended recipients of this information are the YMCA of South Australia, its authorised staff and relevant Government authorities. You have the right to access and alter personal information relating to yourself in accordance with the Commonwealth Privacy Act and YMCA of South Australia Privacy Policy.

Thank you for your application to YMCA Youth Parliament 2013. You will receive notification of the success of your application soon after applications close on April 5th 2013. If at any stage before this process you decide to pull out, please let us know so we can consider the position for someone else.