



Indigenous Leadership Program 2009/10 Registration Form

Participant Information

Given Name:		Family Name:			
Your given and family names will be printed on any documentation (eg certificate of attendance) unless you advise otherwise					
Preferred Name:				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Phone:		Work Phone:			
Home Fax:		Work Fax:			
Mobile Phone		E-mail:	(H)		
			(W)		
Home Address:					
Suburb:		State:		Postcode:	
Postal Address:					

Preferred method of contact, select as many as you like.

Telephone: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile	Receiving documentation: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax
<input type="checkbox"/> Other (please specify)	

The Australian Government definition of Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which she/he lives.* Using this definition, indicate below whether you identify as:

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	*Please note Declaration on Page 4.
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Please indicate your age group:

<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+ over Year of birth (optional)
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No						

How did you hear about the program?

<input type="checkbox"/> Past participant	<input type="checkbox"/> ICC	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Website	<input type="checkbox"/> Friend/Family Member
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Work Details (optional)

<input type="checkbox"/> Government	<input type="checkbox"/> Non Government	<input type="checkbox"/> Private	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Unemployed
Organisation you work for:				
Are you happy for us to contact you at your workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Your Background

1. Please tell us of 3 areas where you currently see yourself in a leadership role? eg Work, Family, Sporting group etc
2. How do you see the Leadership Program supporting you?
3. Is there anything else you want us to know about you?

Declaration

I declare that the information given in this Registration Form is to the best of my knowledge true and correct.

I acknowledge that it is an offence under the Commonwealth Criminal Code for a person to give false or misleading information to a Commonwealth entity, knowing that the information is either false or misleading or omits any matter or thing without which the information is misleading.

I understand the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) collects this information for the purpose of considering my registration for participation in the Indigenous Leadership Program. The information provided will only be used or disclosed for the purpose of assessing my registration, advising me of the results and any other communications as required. The information may be disclosed to other third parties directly related to the event including venues and accommodation providers and key sponsors. My personal information will not otherwise be used for any purposes or be further disclosed to any individual, agency or organisation, unless required by law, or I provide consent.

I agree that my details may be used for the above purposes

I agree to be photographed and that my photographs may be used in FaHCSIA publications.

I accept the Department's offer of a place at the workshop and I understand that I will be required to attend all events and sessions of the workshop unless I am unable to do so due to cultural, mobility or health reasons. I have provided the Department with information regarding any conditions that may affect my ability to participate in particular activities. I accept that I am responsible for bringing any conditions to the attention of any person conducting or assisting with a session before undertaking that session.

I acknowledge that if I am required to take medication or eat regularly or have any other special needs it is my responsibility to make sure that I look after my own health. I understand the Department does not accept any responsibility for any personal items that I may choose to bring to the sessions.

I agree that all activities related to the program are free from drugs and alcohol.

By signing below I accept and agree with all of the above.

ACCEPTANCE

Print Name:	Signature:	Date:
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Checklist. Have you:	
<input type="checkbox"/>	Read through your registration and made sure all questions have been answered
<input type="checkbox"/>	Completed full contact details
<input type="checkbox"/>	Understood the level of commitment this program requires and are available for all components of the program
<input type="checkbox"/>	Signed your registration declaration (In the case of emailed registrations, simply check the box, type your name and date in the space provided)

2009 – 10 Indigenous Leadership Workshop Schedule

The Indigenous Leadership Program has a four day workshop followed by a two day recall workshop. Please indicate your preferred dates from 1 – 3. We will do our best to meet your preferences.

Workshop	Recall (note if attending workshop 1 you must also attend recall 1)
Workshop 1 19 th – 24 th July	Recall 1 1 st – 4 th November
Workshop 2 2 nd – 7 th August	Recall 2 4 th – 7 th November
Workshop 3 16 th – 21 st August	Recall 3 23 rd – 26 th November
Workshop 4 30 th Aug – 4 th Sept	Recall 4 30 th Nov – 3 rd December
Workshop 5 13 th – 18 th September	Recall 5 15 th – 18 th February
Workshop 6 20 th – 25 th September	Recall 6 15 th – 18 th February

Please circle your workshop preference

Preference 1:	Workshop 1, 2, 3, 4, 5, or 6	<input type="checkbox"/> Men <input type="checkbox"/> Women
Preference 2:	Workshop 1, 2, 3, 4, 5, or 6	<input type="checkbox"/> Men <input type="checkbox"/> Women
Preference 3:	Workshop 1, 2, 3, 4, 5, or 6	<input type="checkbox"/> Men <input type="checkbox"/> Women

EMERGENCY CONTACTS

Please provide details of the people you wish us to contact in case of an emergency

Name Contact 1:		Phone:		Phone other:	
Name Contact 2:		Phone:		Phone other:	

TRAVEL, ACCOMMODATION & SOCIAL

What is your closest airport, bus or train station?					
What is the best way to get you from your home to the closest airport?	<input type="checkbox"/> Taxi	<input type="checkbox"/> Drive	<input type="checkbox"/> Bus	<input type="checkbox"/> Charter	<input type="checkbox"/> Other
Are you able to meet travel costs to your nearest airport?	<input type="checkbox"/> Yes – keep receipts for reimbursement <input type="checkbox"/> No – Please provide cab charge				
Please advise if any special transport arrangements are required (eg charter, bush taxi) etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes					
Own room or Share room (in most cases we provide own room unless requested)	<input type="checkbox"/> Yes - Share with (Note the room set up <u>varies</u>) <input type="checkbox"/> No - My own room				

Please provide your name (printed clearly) exactly as it appears on your driver's licence/passport or other photo id:

(Note: this information is required to book your travel. When you arrive at the airport/train station/bus terminal, you will be required to produce photo ID before travel tickets are issued.) If you don't have photo ID you will be asked for 3 forms of ID eg Medicare card, Bank Card, Credit or phone bill with your name and address.

HEALTH & CULTURAL

(Please note all information provided is confidential)

Please advise of any medical conditions that staff need to be aware of or mobility issues etc:

Any Dietary requirements (eg lactose intolerant, vegetarian, etc)

Allergies

For more information contact the Leadership team on: 1800 249 873 or via E-mail:

indigenousleadership@fahcsia.gov.au

This form must be returned as soon as possible or latest by COB Friday 19 June 2009 to fax number 02 6264 5069 or email to indigenousleadership@fahcsia.gov.au

Where should you send your application?

Post to: Indigenous Leadership Program
Indigenous Leadership and Engagement Group
Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
PO Box 7576
Canberra Mail Centre ACT 2610

Fax to: (02) 6264 5069

E-mail to: indigenousleadership@fahcsia.gov.au

For further information visit our website: www.fahcsia.gov.au/indigenous or call us on 1800 249 873

Closing date for submission of applications is Friday, 19 June 2009.

Late applications will not be considered.

Office Use only

Date/Time Received:	Registration Number:	Entered:	Initials:
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