



Indigenous Leadership Program 2010-11 Registration Form

Participant Information

Given Name:		Family Name:	
Your given and family names will be printed on any documentation (e.g. 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:		Preferred E-mail:	(H) (W)
Home Address:			
Town or Community:		State:	Postcode:
Postal Address: If different			

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 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
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	-----------------------------------	---------------

Is English your first language? Yes No Do you require an interpreter? Yes 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
---	------------------------------	------------------------------------	--------------------------------	----------------------------------	---

Work Details

<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.	What are three areas where you currently see yourself in a leadership role? e.g. Work, Family, Sporting group etc
2.	How can the National Leadership Program support you?
3.	What would you like us to know about you?

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 AND 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 (e.g. charter, bus, taxi) etc? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes – please provide details					
Own room or Share room (in most cases we provide you with your own room unless requested)	<input type="checkbox"/> Yes - Share with <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 e.g. Medicare Card, Bank Card, Credit or phone bill with your name and address.

Name:.....

PARTICIPATION ACCEPTANCE

If the Department offers me a place at the workshop and I accept that offer, 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 will provide the Department with information regarding any conditions that may affect my ability to participate in particular activities.

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.

The information I give 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 knowingly giving false or misleading information to a Commonwealth entity.

..... Print Name: Signature: Date:
-----------------------------	----------------------------	-----------------------

PRIVACY

Privacy Statement

I understand that the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) collects information about me for the purpose of considering my registration for participation in the Indigenous Leadership Program (the Program).

The information collected will be used for the purpose of administering the Program such as assessing my registration, advising me on whether it has been successful and for further correspondence between FaHCSIA and me as required in relation to the Program. The information collected may also be disclosed to third parties directly related to the Program, such as venue organisers, accommodation, travel providers etc for purposes related to the administration of the Program. FaHCSIA may use and disclose your information to third parties engaged by FaHCSIA for the purposes of research and planning in relation to the Program and future Indigenous Leadership Programs.

By signing below I consent to the use and disclosure of my personal information as specified in this Privacy Statement.

My personal information will not otherwise be disclosed to any other individual, agency or organisation, unless this is required or authorised by or under law or my further consent is obtained. FaHCSIA will treat all personal information collected as part of this program in accordance with its obligations under the Privacy Act 1988 (Cth).

..... Print Name: Signature: Date:
-----------------------------	----------------------------	-----------------------

Photograph

I give permission for photographs in which I appear to be used by the Commonwealth Government to provide information to the public about the programs run by the Commonwealth Government, including the Indigenous Leadership Program. I understand that my photo and my name may be used in printed publications, advertisements or on the internet. This means anyone may be able to see my photograph and my name.

The Commonwealth of Australia will hold copyright of the photographs. If I receive a copy of the photographs taken by the photographer, I agree that I will not reproduce the photographs or distribute the photographs commercially.

I also give permission for Australian Government staff and photographers and their agencies to collect, record and share information about me for the purposes of identifying me in photographs.

..... Print Name: Signature: Date:
-----------------------------	----------------------------	-----------------------

(Please note all information provided is confidential)

You are responsible for bringing any health conditions to the attention of any person conducting or assisting with a session before undertaking that session.

If you are required to take medication or eat regularly or have any other special needs it is your responsibility to make sure that you look after your own health.

Please advise of any medical conditions that staff need to be aware of or mobility issues etc:	
Any Dietary requirements (e.g. lactose intolerant, vegetarian, etc)	
Allergies – please provide details	

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)

2010-11 National Indigenous Leadership Workshop Schedule

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

If you are 18-25 years old you have the choice to attend a specific Youth Program identified below or you can attend one of the women’s or men’s programs. Please select you preference.

Residential Schedule	Recall Schedule (note if attending Workshop 1 you must also attend Recall 1)	Preference e.g. 1 st 2 nd 3 rd
Residential 1 Women - 26 -29 July 2010	Recall 1 26-28 October 2010	
Residential 1 Men - 26 -29 July 2010	Recall 1 26-28 October 2010	
Residential 2 Women - 9-12 August 2010	Recall 2 9-11 November 2010	
Residential 2 Men - 9-12 August 2010	Recall 2 9-11 November 2010	
Residential 3 Women - 30 Aug – 2 Sept 2010	Recall 3 30 Nov – 2 Dec 2010	
Residential 3 Men - 30 Aug – 2 Sept 2010	Recall 3 30 Nov – 2 Dec 2010	
Residential 4 Youth Women - 6-9 December 2010	Recall 4 Youth Women - 22 - 24 February 2011	
Residential 4 Youth Men - 6-9 December 2010	Recall 4 Youth men – 22 – 24 February 2011	
Residential 5 Women - 7-10 February 2011	Recall 5 10-12 May 2011	
Residential 5 Men - 7-10 February 2011	Recall 5 10-12 May 2011	
Residential 6 Women - 7-10 March 2011	Recall 6 7-9 June 2011	
Residential 6 Men - 7-10 March 2011	Recall 6 7-9 June 2011	

Please allocate me on a workshop with (list names):

.....

.....

(We will do our best to meet your preferences)

For more information contact the Leadership Development Team on: 1800 724 185 or via
E-mail: indigenous.leadership.development@fahcsia.gov.au

This form must be returned as soon as possible or latest by COB 30 June 2010
to fax number 02 62047034 or email to indigenous.leadership.development@fahcsia.gov.au

Where should you send your completed registration form?

Post to: Leadership Development Team
National 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 6204 7034
E-mail to: indigenous.leadership.development@fahcsia.gov.au

For further information visit our website: www.fahcsia.gov.au/indigenous or call us
on 1800 724 185

**Closing date for submission of applications is 30 June 2010.
Late applications will not be considered.**

Office Use only

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