

REEL CONNECTIONS

APPLICATION FORM

FIRED UP: SPARKING ARTS & CREATIVITY

April 14th – 24th 2009

Please note: Your responses will be treated as confidential

Personal Details:

First name: _____ Family name: _____

Date of Birth: _____ Country of Birth: _____

Date of arrival in Australia if born in another country: _____

Cultural/ethnic background: _____

Address: _____

Suburb: _____ Post code: _____

Home phone: _____ Mobile: _____

Email: _____

- Do you have any special dietary requirements (i.e. vegetarian, halal)? If yes, please detail.
-

- Do you have any food allergies? If yes, please detail.
-

- Do you have a medical condition we should be aware of? If yes, please detail.
-

- Do you have any learning difficulties that we may be able to help you with? If yes, please detail.
-

- Is English your second language? YES / NO
-

- What is your first language?
-

- What is your highest level of education ?
-

- Are you currently engaged in any education, training or employment? School If yes, please detail.
-

- What are your interests and hobbies?
-

Emergency contact person :

Title: _____ First name: _____ Family name: _____

Relationship: _____ (i.e. mother, father)

Home phone: _____ Work phone: _____

Mobile: _____

Photo/video permission

Do you consent to photographic images and video footage of you being used for promotional material associated with the Reel Connections project (i.e. brochures, posters, website) ?

YES/NO

Participant agreement

Whilst all due care and attention is taken, Reel Connections project partners and their employees will not be liable for any injury, loss or damage suffered by any person participating in Reel Connections activities/programmes.

I understand the information I have provided is for the Reel Connections project staff only and will not be given out to any person/s without my consent. Reasons for your personal details to be released would be for illegal action or if medical attention is required.

.....
Signature

.....
Date

Parent/ Guardian details: (if under 18)

First name: _____ Family name: _____

Address: _____

Suburb: _____ Post Code: _____

Home ph: _____ Work ph: _____

Mobile: _____

Relationship to participant: _____ (i.e. mother, aunty)

Is English your first language: Y/N

Do you require an interpreter: Y/N If yes, what language? _____

Parental/Guardian agreement: (if under 18)

I _____ (guardian's name) give permission for my child
_____ (child' name) to participate in the six-day Fired Up
Program that commences on the 30th Sept and on Thursday the 8th October. I
understand that whilst the program will be based at the Hainsworth Centre my child
may be taken off premises for activities as outlined in the program.

I understand that whilst all due care and attention will be taken, Reel Connections
project partners and their employees will not be liable for any injury, loss or damage
suffered by any person participating in Reel Connections activities/programs.

Do you agree to video footage/photo images of your child being used for promotional
material associated with the Reel Connections project: Y/N

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.....

Guardian signature

Date

**Please send the completed form to the
Reel Connections Project Officer:**

**Sarah Janali
Reel Connections Project Officer
PO Box 1533 Osborne Park WA 6916
Fax: 93496624 Email:janali.sarah@stirling.wa.gov.au**

**If you would like help to complete this form please call Sarah on 9349 7999 or
0417936418**

Reel Connections is a community partnership project. Project partners are:

