

WEEKEND WORKSHOP INFORMATION & GUIDELINES



**FORMS WILL NOT BE ACCEPTED UNLESS FULLY COMPLETE!
THIS INCLUDES PHOTO, MEDICARE DETAILS, PAYMENT & SIGNED CONSENTS.**

TRAVEL: This is the responsibility of the individual or group.
ALL ATTENDEES MUST BE AT THE VENUE BY 6PM SHARP.

WHAT TO BRING: Casual clothing (with a clean change each day), sleeping bag, pillow, towel & toiletries.

COST: Participants: **\$140.00**. Government Agency: **\$340**. Support Adults/Team: **free**. Guests: **contact office**.

The weekends are run mostly by volunteers and heavily subsidised by fundraising efforts. As such, program fees are able to be kept to an absolute minimum. All payments are **NON REFUNDABLE** or **TRANSFERABLE**.

IMPORTANT INFORMATION

- **Young participants must have a genuine desire to attend for their own personal development and have agreed to attend at least one local support group after the weekend workshop.**
- **Any person refusing to comply with the program guidelines or endangering others will be sent home immediately at their own expense.**
- Discussions will be held on emotional & moral issues including family separation & violence, drug & alcohol abuse, sexual abuse, grief, sexual health and contraception.
- Youth Insearch does not promote any religious or political ideologies.
- All medication must be handed to the Nurse for safe keeping and correct administration.
- Any damage to property must be paid for by the individual responsible.
- Completion of this form is not a guarantee of attendance at THIS program.

PROGRAM GUIDELINES

- **No drugs or alcohol.**
- **All electronic devices and items of value must be handed in before the weekend commences.**
- Avoid romantic attachments, no sex and no boys in girls' rooms or vice versa.
- The program is a HOUSE OF TRUST - confidentiality must be kept.
- Be on time for all sessions, no one is to leave any sessions or the program.
- Respect each other's privacy and property (leave anything alone that does not belong to you).
- Take care of your hygiene. Shower daily at least.
- When leaders ask for assistance – be cooperative. This includes helping to keep the place clean and tidy.
- No put-downs, bad language or offensive jokes.
- Smoking is allowed within the allocated area/s. Cigarette butts are to be placed in the bins provided.
- Wear name tags on your chest at all times.

Please return completed registration form
with payment to Youth Insearch:

PO BOX 6570, Baulkham Hills BC, NSW 2153
Ph.: (02) 9659 6122 - Toll Free: 1800 805 635
Email: admin@youthinsearch.org.au

**YOU MUST
ATTACH A
RECENT
PHOTO OF THIS
SIZE HERE**

REGISTRATION FORM

FORMS WILL NOT BE ACCEPTED UNLESS FULLY COMPLETE! INCLUDING PHOTO, MEDICARE DETAILS, PAYMENT & SIGNED CONSENTS.

Program Dates: _____ / _____ / _____ to _____ / _____ / _____ Venue: _____

Support Adult: _____ Support Group Location: _____

Have you attended a Youth Insearch weekend before? Yes / No (please circle) If yes, how many? _____

If this is your first program, who referred you to Youth Insearch? _____

Are they a (please tick the one that suits best):

- | | |
|--|--|
| <input type="checkbox"/> Education Institute (e.g. school, TAFE) | <input type="checkbox"/> Youth or Welfare Service (e.g. Anglicare) |
| <input type="checkbox"/> Government Agency (e.g. FACS, JJ) | <input type="checkbox"/> Aboriginal Service |
| <input type="checkbox"/> Police (e.g. police officer, PCYC) | <input type="checkbox"/> Individual (e.g. Counsellor, Parent) |
| <input type="checkbox"/> Courts (e.g. magistrate, judge) | <input type="checkbox"/> Other: _____ |

Personal Information

Are you (please tick): Participant Support Adult Team Guest

First Name: _____ Last Name: _____ Preferred Name: _____

Gender: Male Female Other D.O.B: _____ / _____ / _____ Indigenous CALD

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

WWCC / Blue Card: Yes No WWCC or Card # _____ Exp Date: _____
(mandatory for support adults and team over 18)

Medical Information

Medicare Number: _____ Position on card: _____ Expiry Date: _____

Any known Allergies: (please tick) Drugs Food Bee Stings Other: _____

Details of Allergies: _____

Medical Conditions: _____

Do you have a Disability: (please tick) ADD/ADHD ASD Other: _____

Medications (bringing to the program): _____

Special dietary needs: _____

Emergency Contacts

Primary Contact: Name: _____ Number: _____

Secondary Contact: Name: _____ Number: _____

PAYMENT INFORMATION

Participants: **\$140.00**. Government Agency Referral: **\$340**. Support Adults/Team: **free**. Guests: **contact office**.

I would also like to contribute \$ _____ to help subsidise actual registration costs and sponsor a disadvantaged young person. Any contribution is greatly appreciated.

Payment Contact: _____ Name of Payer: _____
(Specify Organisation or Individual Paying)

The full fee must be paid. This must be paid by the registration due date.

Any requests for fee help must be made directly to the Community Coordinator before registration.

Payment options (please tick and specify amount being paid):

\$ _____ Online Payment (PayPal, Credit Card and Debit Card) at:

www.youthinsearch.org.au/what-we-do/weekend-workshops

\$ _____ Electronic Funds Transfer (EFT). **Account:** Youth Insearch **BSB:** 032 388 **Account No:** 125 745
Bank: Westpac **Reference:** NAME OF ATTENDEE OR INVOICE #

\$ _____ Credit Card (please tick): Visa MasterCard Amex

Name on card: _____ Signature of card holder: _____

Card Number _____ Expiry Date __ / __

Free: For Support Adults and Team Members only.

Specific Requests/Comments: _____

Terms & Conditions of Participation (all attendees)

- I am aware of the content of the workshop program and have a genuine desire to attend.
- I understand Youth Insearch accepts no responsibility for the loss or damage of property however caused (even if handed in).
- I understand there may be access to sporting facilities including swimming and other recreational activities. I exonerate Youth Insearch of all responsibility should I take advantage of these facilities.
- I exonerate Youth Insearch of all responsibility for any personal injury or illness however caused.
- I give permission to undergo treatment by a first aider or medical practitioner or to be hospitalised should the need arise and accept full responsibility for any expenses incurred.
- I understand there may be media coverage of the weekend workshop including photos, video or other material. I agree for any of this material I am included in to be used by Youth Insearch or their agents however they choose.
- I confirm that any motor vehicle I use to drive to and from the workshop will be registered and in a road worthy condition and I will have a current valid driver's licence authorised for the vehicle that allows me to carry passengers.
- I confirm that all the details provided in this form are correct.
- **I have read and agree with the Important Information and Program Guidelines on the first page.**
- I have read and agree to these Terms & Conditions of Participation in this weekend workshop.
- I agree all participation in the Youth Insearch program is on these same Terms & Conditions.

PARTICIPANT'S SIGNATURE _____ DATE _____

Parent/Guardian Consent (complete below if under 18)

- I have checked and confirm that all the details provided in this form are correct.
- I give permission for my child/ward to participate in the Youth Insearch program including this weekend workshop and the local support groups on the above Terms & Conditions.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

REGISTRATION CLOSSES 14 DAYS PRIOR TO THE PROGRAM