

# CONFIDENT TRAVELLER PARTICIPATION FORM

## PERSONAL INFORMATION

Full Name : \_\_\_\_\_  
(PLEASE USE CAPITAL) \_\_\_\_\_

Date Of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender :  Male  Female  Other

Address : \_\_\_\_\_

Suburb/Postcode : \_\_\_\_\_ Mobile: : \_\_\_\_\_

Preferred method of contact :  Parent  Young Person

Please tick the preferred date :  April 12th  April 14th  April 19th  April 20th

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Home Number : \_\_\_\_\_

Relationship : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

## CULTURAL PLANNING

Aboriginal or Torres Strait Islander :  Aboriginal  Torres Strait Islander  Both  Neither

Cultural Identity : \_\_\_\_\_

Main language spoken : \_\_\_\_\_

Religious background : \_\_\_\_\_

## ELIGIBILITY

Is the participant between 12-17 years of age? :  Yes  No

## MEDICAL/OTHER INFORMATION

Does participant have any illness, allergies, or concerns?

\_\_\_\_\_

Does participant have any dietary requirements?

\_\_\_\_\_

Any behavioral or other concerns?

\_\_\_\_\_

Is participant on any current medications?

\_\_\_\_\_

# CONFIDENT TRAVELLER PARTICIPATION FORM

Should your child be photographed, do you allow for the photo(s) to be published in the print media or website for publicity purposes only?

:  Yes  No

I consent for my child to be transported if needed by a LTF staff member(s)

:  Yes  No

I consent for my child to be administered medication by an LTF staff member if necessary.

:  Yes  No

I / we being the parent(s) / guardian(s) of the fore mentioned child(ren) consent to them attending the Confident Traveller Program run by the Les Twentyman Foundation (LTF). I / we also acknowledge that should my child misbehave that they may no longer be permitted to participate in future LTF activities. I / we authorize you in the event of injury or accident involving my child to obtain the necessary medical assistance from their Family Doctor or nearest public hospital as required. The Les Twentyman Foundation shall not be liable for any injury, loss of income or damage suffered by any person participating in their program(s).

Authorisation: - I hereby agree to the terms and understand the conditions set out above:

Name : \_\_\_\_\_ Signed : \_\_\_\_\_ Date : \_\_\_\_\_

# CONFIDENT TRAVELLER PARTICIPATION FORM

## CONFIDENT TRAVELLER SCHEDULE

8:30am -9:00am	Arrive at the Les Twentyman Foundation and sign in <b>56 Whitehall Street, Footscray 3011</b>
9:15am- 10:15am	Workshop 1- Comfort Zone Expansion
10:15am-10:30am	Mini break
10:30am - 11:30am	Managing Fears
11:30am - 12:15pm	Lunch break (food provided)
12:15pm-12:45pm	Journey planner, including planning return time.
12:45pm-4:30pm	Go on adventure and explore, participants to pick out of four locations.
4:30pm	Return Home

## WHAT TO BRING ON THE DAY

Back-pack :  Yes

Water Bottle :  Yes

Snacks :  Yes

Appropriate clothing for Melbourne's unpredictable weather

Yes

**PLEASE EMAIL THIS FORM BACK TO [CARLY@LTFoundation.COM.AU](mailto:CARLY@LTFoundation.COM.AU)**