



Discover the leader within you  
Knowing yourself is the first step to inspiring others

Experience the positive impacts of Indigenous Leadership programs



## INDIGENOUS LEADERSHIP PROGRAM 2011-12 REGISTRATION FORM

### PARTICIPANT INFORMATION

Please ensure that you complete all required fields **X**

Given Name:	<b>X</b>	Family Name:	<b>X</b>
Your given and family names will be printed on any documentation (e.g. certificate of attendance) unless you advise otherwise.			
Preferred Name:	<b>X</b>	<b>X</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:		Work Phone:	
Mobile Phone		Fax:	
Community:		E-mail:	(H) (W)
Home Address:			
State:	<b>X</b>	Postcode:	<b>X</b>
Postal Address: If different.			
Preferred method of contact	<b>X</b> Work Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Mobile <input type="checkbox"/>
	Fax <input type="checkbox"/>	Work Email <input type="checkbox"/>	Home Email <input type="checkbox"/>

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: **X**

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both
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<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+ over	..... <b>X</b> Year of Birth
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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
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**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 X**

<input type="checkbox"/> Government	<input type="checkbox"/> Non Government Organisation	<input type="checkbox"/> Private Business
<input type="checkbox"/> Voluntary Work	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Home Duties
Name of work place: .....		
Do you work or volunteer for an Aboriginal and/or Torres Strait Islander community organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**YOUR LEADERSHIP**

1. In which areas below do you have a leadership role? <i>(Please tick all relevant boxes).</i>
<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Studies <input type="checkbox"/> Work <input type="checkbox"/> Sport <input type="checkbox"/> Other (name) _____ Please provide details of your leadership role _____
2. What leadership skills do you hope to develop? <i>(Please tick all relevant boxes)</i>
<input type="checkbox"/> Self awareness <input type="checkbox"/> Practical leadership skills <input type="checkbox"/> Speaking in groups <input type="checkbox"/> Networks <input type="checkbox"/> Building relationships <input type="checkbox"/> Understanding leadership roles <input type="checkbox"/> Making changes <input type="checkbox"/> Influencing <input type="checkbox"/> Any others <i>(please add comments below)</i> _____
3. In which of the following areas of your life will you use your leadership skills after completing the Program? <i>(Please tick all relevant boxes)</i>
<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Home <input type="checkbox"/> Health <input type="checkbox"/> Relationships <input type="checkbox"/> Community Safety <input type="checkbox"/> Sport <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Enterprise <input type="checkbox"/> Governance <input type="checkbox"/> Employment <input type="checkbox"/> Financial <input type="checkbox"/> Childcare <input type="checkbox"/> Community activity <input type="checkbox"/> Other <i>(please add comments below)</i> _____

**EMERGENCY CONTACTS**

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

<b>Name Contact 1:</b>		<b>Phone:</b>		<b>Phone other:</b>	
<b>Name Contact 2:</b>		<b>Phone:</b>		<b>Phone other:</b>	

**TRAVEL, ACCOMMODATION AND SOCIAL**

<b>What is your departure location?</b>					
<b>What is the best way to get to/from home to the departure location? X</b>	<input type="checkbox"/> Taxi	<input type="checkbox"/> Drive	<input type="checkbox"/> Bus	<input type="checkbox"/> Charter	<input type="checkbox"/> Train
	<input type="checkbox"/> Other .....				
<b>Are you able to meet travel costs to your departure location?</b>	<input type="checkbox"/> Yes – Keep receipts for reimbursement <input type="checkbox"/> No – FaHCSIA to provide cab charge				
<b>Please advise if any special travel arrangements are required (e.g. disability access, wheelchair) etc?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes – please provide details .....					
<b>Own room or Share room</b> (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.

**X** 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 that 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.

**X**

.....  
**Print Name:**

**X**

.....  
**Signature:**

**X**

.....  
**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 my information to third parties engaged by FaHCSIA for the purposes of evaluation, 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)*.

**X**

.....  
**Print Name:**

**X**

.....  
**Signature:**

**X**

.....  
**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.

<b>X</b> ..... <b>Print Name:</b>	<b>X</b> ..... <b>Signature:</b>	<b>X</b> ..... <b>Date:</b>
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## HEALTH AND CULTURAL

**(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, you are diabetic, or you have any other special needs it is your responsibility to make sure that you look after your own health.

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

**CHECKLIST.** Have you:

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

## 2011-12 NATIONAL INDIGENOUS LEADERSHIP WORKSHOP SCHEDULE

The National Indigenous Leadership Program is a four day residential workshop which will require participants to attend all events and sessions of the workshop. Please indicate your preferred workshop from 1 – 2 **X** . We will do our best to meet your request, however priority will be given to those registration forms received first.

Residential Schedule		Preference e.g. 1 <sup>st</sup> 2 <sup>nd</sup>
<b>Residential 1 Women</b>	<b>Workshop - 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup> &amp; 18<sup>th</sup> August 2011 Travel dates - 14<sup>th</sup> August &amp; 19<sup>th</sup> August 2011</b>	
<b>Residential 1 Men</b>	<b>Workshop - 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup> &amp; 18<sup>th</sup> August 2011 Travel dates - 14<sup>th</sup> August &amp; 19<sup>th</sup> August 2011</b>	
<b>Residential 2 Women</b>	<b>Workshop - 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, &amp; 15<sup>th</sup> September 2011 Travel dates - 11<sup>th</sup> &amp; 16<sup>th</sup> September 2011</b>	
<b>Residential 2 Men</b>	<b>Workshop - 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, &amp; 15<sup>th</sup> September 2011 Travel dates - 11<sup>th</sup> &amp; 16<sup>th</sup> September 2011</b>	
<b>Residential 3 Women</b>	<b>Workshop - 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> &amp; 27<sup>th</sup> October 2011 Travel dates- 23<sup>rd</sup> &amp; 28<sup>th</sup> October 2011</b>	
<b>Residential 3 Men</b>	<b>Workshop - 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> &amp; 27<sup>th</sup> October 2011 Travel dates - 23<sup>rd</sup> &amp; 28<sup>th</sup> October 2011</b>	

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

.....  
 .....

(We will do our best to meet your requests)

All travel, accommodation and catering is fully funded by FaHCSIA.

For more information contact the Leadership Delivery Team on: 1800 249 873 or via E-mail:  
[Indigenousleadership@fahcsia.gov.au](mailto:Indigenousleadership@fahcsia.gov.au).

**This form must be returned as soon as possible or no later than by 25<sup>th</sup> July 2011  
 to fax number 02 9553 4830 or via the postal address below.**

### Where should you send your completed registration form?

Post to: National Indigenous Leadership Program  
 Sane Event Group  
 PO Box 149, Hurstville, BC Sydney NSW 1481  
 Fax to: 02 9553 4830

For further information visit our website: [www.fahcsia.gov.au/indigenous](http://www.fahcsia.gov.au/indigenous), call us on 1800 249 873 or e-mail  
[Indigenousleadership@fahcsia.gov.au](mailto:Indigenousleadership@fahcsia.gov.au).

**Closing date for submission of applications is 25<sup>th</sup> July 2011.  
 Late applications will not be considered.**

### Office Use only

Date Received:	Registration Number:	Entered:	Initials:
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