

RYLA

Join leaders | Exchange ideas | Make a difference

Developing
young leaders in
our community



Rotary
District 9820



Rotary
Youth
Leadership
Awards

ROTARY YOUTH LEADERSHIP AWARD DISTRICT 9820

APPLICATION FORM

Ensure all details on the form are accurate, email secretary@rotarypeninsula.org with the subject line reading "<Your Name> RYLA Application Form".

Thank you for taking the time to complete an application for RYLA - member of the RYLA Team will be in contact with you soon.

Section One: Contact Details

Section Two: About You

Section Three: Special Needs And Medical Details

Section Four: RYLA Rules & Guidelines

Section Five: Finding a Sponsor Club

*Please note: Fields marked with an asterix * are compulsory.*

SECTION ONE: CONTACT DETAILS

Surname*	
Given Name*	
Preferred Name	
Street Address Line 1*	
Street Address Line 2	
Suburb*	
Post Code*	
Phone (Mobile Preferred)*	
Email Address*	
Date of Birth*	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female
How did you find out about RYLA?	<input type="checkbox"/> Past RYLA Participant Rotary <input type="checkbox"/> Rotaract <input type="checkbox"/> School / University or Youth organization <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other

SECTION TWO: ABOUT YOU

Limit 80 – 100 words per answer in this section

Tell us about the sort of person you are, what makes you tick ...
In this question we are not looking for your resume, but we would like to know what experiences you can share with others participating in RYLA and what you are passionate about. *

Are you currently working or studying? What field are you in? *

Are you involved in volunteer or other community work? * *(Note you do not have to be involved in this type of work to be considered for RYLA)*

SECTION TWO: ABOUT YOU CONT'D

During the 3 days you will be interacting with approximately thirty+ other participants. Program content is varied and the program schedule involves long days, including lecture-style sessions, interactive activities and periods of independent reflection time. Throughout the program you can expect to have your own views and opinions challenged.
How will you adapt to this environment?*

Crucial component of the RYLA Program is 'time away' from everyday life. There is no access to Email/Internet or TV, and no mobile service. Phones will not be able to be brought into the program space. Participants who rely on their mobile phone as a watch will need to rely on the clocks on the wall.
Will this cause a problem for you? How do you think you will cope?*

If you had to describe yourself as a super hero – who would you be and why?*

What size jumper (hoodie) would you wear. X – XL –XXI- XXXL

SECTION THREE: SPECIAL NEEDS & MEDICAL DETAILS

Where possible, RYLA seeks to cater for individuals of all abilities, cultural and religious backgrounds, and any specific dietary or medical needs. Please use the space below to indicate any special needs you may have. This information will be retained by the RYLA Chairman and Co-directors and used only in case of emergency or to help manage a pre-existing requirement or medical condition. All information is treated with the strictest of confidence.

Do you require additional support to participate e.g. large print handouts, wheelchair access, etc?*

No Yes ... please provide details:

Do you have any allergies (e.g dairy allergy, nut allergy) or dietary requirements (e.g. halal, vegetarian)?*

No Yes ... please provide details:

Do you have a condition that requires you to take regular or prescribed medication?

No Yes ... This information will need to be provided to the Medical Officer at the commencement of the program. Please provide details:

Do you have an allergic reaction to any medication(s)? E.g. penicillin, aspirin, etc.*

No Yes ... please provide details:

Can you be administered a painkiller, e.g. aspirin or Panadol by a RYLA team member if requested?*

No Yes ... please provide details:

Are there any other health or medical issues we need to be aware of?

No Yes ... please provide details:

SECTION THREE: SPECIAL NEEDS & MEDICAL DETAILS cont'd

Name of Regular Doctor*	
Doctor's Phone Number*	
Medicare Number*	
Do you have private health insurance?*	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have Ambulance Cover?*	<input type="checkbox"/> No <input type="checkbox"/> Yes
Emergency Contact 1:	
Name*	
Relationship to you*	
Phone # 1	
Phone #2	
Emergency Contact 2:	
Name*	
Relationship to you*	
Phone # 1	
Phone #2	

SECTION FOUR: RYLA RULES AND GUIDELINES

The RYLA team tries to make the program as much fun and as enjoyable as possible, while ensuring the comfort and safety of all participants. To help facilitate a safe and comfortable experience, we ask participants to adhere to the guidelines and rules outlined below.

Please read them carefully and tick each box to indicate you agree:

- Participants are expected to adhere to meal and session times.
- No alcohol or illicit drugs are to be used at, or taken to, RYLA.
- Smoking is only permitted during breaks and in designated areas.
- Participants will be allocated gender segregated sleeping areas and will be expected to respect the privacy of others at all times.
- Participants are to bring all personal items for the 3 day stay. Participants will not be permitted to leave the "summit edge" site during the course, there is no opportunity to visit shops, pharmacies, or supermarkets.
- There are minimum requirements expected for cleaning and general housekeeping.
- Participants must abide by the rules of the "summit camp" and follow directions of "summit camp" staff and the RYLA Team at all times.
- Mobile phone use will not be permitted under any circumstance during the day's program (emergency phone numbers will be given to participants to pass on to family and friends in case of emergency).
- Participants who engage in misconduct (including inappropriate conduct with other participants) during the program will have their participation in the program terminated and be asked to leave.
- You will be financially sponsored to attend RYLA by a Rotary Club. As such, there is an expectation that you will participate in all sessions and activities in good faith (taking into account your personal abilities). Failure to do so may result in your participation in the program being terminated.
- RYLA 2018 runs from Friday 19th October 9am – Sunday 21st October 3pm.** During this time you will be expected to fully participate in the program, and as outlined above you will not be able to leave the venue for any reason whatsoever and will not have access to mobile phones or internet during program hours.

Do you agree to the Rules and Guidelines above? No Yes

SECTION FIVE: FINDING A SPONSOR

If your application is successful, a Rotary Club will sponsor you to attend RYLA. This means you pay nothing to attend. In return, you will be expected to attend a meeting of your sponsoring club after RYLA to convey your experiences.

Are you currently in contact with a Rotary Club that has indicated interest in sponsoring you?

No Yes ... If YES please provide club details:

Name of Club:

Name of your contact within the Club:

If NO, your application will be included in a 'pool' of applicants and we will seek to find a sponsoring club on your behalf.

We have the ability to accept commercial support if you are an employee who would benefit from the program, the employer can contact the local Rotary club for payment.

We are also keen for sponsorship if there is interest and are open to discussion for commercial connections.

SECTION SIX: INDEMNITY AND AUTHORITY

This section must be completed by the applicant.

To: Each and all members of Rotary District 9820 Rotary Youth Leadership Award Committee ("The Committee") and each and all members of the Host Club.

INDEMNITY AND AUTHORITY:

I hereby apply for the Rotary Youth Leadership Award (RYLA) and agree to abide by the Rules and Conditions of participation set out in this application form. In consideration of The Committee making a Rotary Youth Leadership Award to the abovementioned Awardee ("The Awardee") and the Host Club including the Awardee in RYLA 9820 to be held as provided herein, I promise to indemnify and to keep indemnified each and all of you, your officers, servants and agents from and against all damages, claims, demands, costs and expenses of any nature whatsoever arising out of any accident or illness which may befall or occur to The Awardee during his or her participation in RYLA 9820. I further authorise you, your officers, servants and agents in the event of any accident or illness to obtain any medical assistance for The Awardee and I agree to pay all costs and/or expenses whatsoever incurred by you in respect of that assistance or treatment.

Do you agree to the above Indemnity and Authority

No Yes

Name:

Date

Finally, please email your completed application form to secretary@rotarypeninsula.org, please contact the Co-Directors:

John Reeve ryla9820@gmail.com 0418 123 038

Nigel Cousins nigelc@rotarypeninsula.org 0417 331 907

Once again, thank you for your interest in RYLA 9820.

After receiving your application a member of our team will be in touch with you.

Please like the Facebook page <https://www.facebook.com/rylaleadershipcampd9820/> to keep in touch and also further info via your Rotary club contact.