



Rotary District 9465
Rotary Youth Leadership Awards 2022
Leadership through Self-Awareness

NOMINATION PACKAGE

SEMINAR DETAILS

Nominations Close: 30th November 2021

Dates: Saturday 8th January – Saturday 15th January 2022

Location: Serpentine Camping Centre, 22 Transit Road, Jarrahdale

If you are 18-28 years of age and you are

- A young leader or want to be a young leader in your community
- Interested in developing your leadership skills
- Wanting a network of young leaders and to make new friends
- Excited for a week of fun

Then we are thrilled to invite you to nominate to attend the Rotary Youth Leadership Awards for 2022. Please complete the nomination form and return it to our applications co-ordinator. We will be in touch with you once we receive your nomination. If at anytime you have a question, please contact the following:

PLEASE ADDRESS ALL QUESTIONS TO:

RYLA CHAIR: IAN BALL

Email: ryla@rotary9465.org.au

Phone: 0402 491 139

If you ever have any questions about RYLA or the application process, please feel free to contact us and we will endeavour to get back to you as soon as possible.

THIS FORM CAN ALSO BE COMPLETED ONLINE - <https://forms.gle/aqPkGvVfPYBcZtq46>

NOMINATION DETAILS

STEP 1: Download and complete Nomination Form

Send to ryla@rotary9465.org.au by 30th November 2021

Receive email confirming nomination has been received

This form can also be completed online - <https://forms.gle/aqPkGvVfPYBcZtq46>

STEP 2: Take part in a phone interview

You will be asked to talk about your leadership experience, goals and motivations for being on RYLA. We will also ask some general questions to get to know you better. This information will be used to confirm your suitability for RYLA.

STEP 3: Receive formal acceptance

We will send a formal acceptance letter, an invoice for the participant contribution, further information and a packing list.

STEP 4: Make Participant Contribution

You will be invoiced for your participant contribution. Payment must be received prior to you attending RYLA

STEP 5: Final phone call from Facilitators (week before RYLA)

To answer any final questions and confirm details with you

STEP 6: ATTEND RYLA! (January 8th @ 10am) ☺

ROTARY CLUB SPONSORSHIP:

Rotary clubs from within District 9465 provide sponsorship for participants to attend. If you are already connected with a club, we ask you to seek their sponsorship. If you don't have a sponsoring club, we will help you find one.

Rotary Club Contribution: \$870

Participant Contribution: \$220

****NOTE: Please keep a copy of the first two pages of this document so that you have all the important details and dates.**



NOMINATION FORM

SECTION 1 - PERSONAL INFORMATION

First Name: _____ **Last Name:** _____

Preferred Name (for name badge): _____

Birth Date: ____ / ____ / ____ **Age:** (at time of RYLA): _____

Gender: Male Female Unspecified Other

Preferred Pronouns: He / Him She / Her They / Them Other: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Residential Address: _____

Suburb: _____ **Post Code:** _____

Email Address: _____

Contact Phone Number: Home _____ Mobile _____

Occupation or Course of Study: _____

Employer or Educational Institution: _____

Can you swim: No Fair Well

SECTION 2 – MEDICAL INFORMATION

This information will be treated confidentially and will only be disclosed to organisers of the RYLA as required to ensure your safety, health and well-being.

Please list any special dietary requirements?

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Gluten Allergy |
| <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Egg Allergy | <input type="checkbox"/> Seafood Allergy | <input type="checkbox"/> Halal Food Only |

Other (please specify) _____

Do you have any existing medical conditions? Please briefly state how they may impact on your ability to participate in the program.

Are you taking any medication, prescription or otherwise?

Please state any additional information we may need to know.

Date of last Tetanus injection: _____ **Medicare Number:** _____

Health Insurance Provider: _____

Health Insurance Member Number: _____

SECTION 3 - EMERGENCY CONTACT DETAILS

Contact Name: _____ **Relationship:** _____

Residential Address: _____

Suburb: _____ **Post Code:** _____

Contact Phone Number: Home _____ Mobile _____

SECTION 4 - ABOUT YOU

Tell us about you and your experiences. Please write at least a paragraph.

Who are you?

What do you do?

What are you passionate about?

What leadership experience do you have?

Why would you like to attend RYLA?

SECTION 5 - APPLICANT'S AGREEMENT

I hereby make my nomination for a Rotary Youth Leadership Award and if selected to attend will be prepared to:

1. Be contacted by the Facilitator team
2. Attend for the whole period of the program from **10am on Saturday 8th January until 1pm on Saturday 15th January 2022**
3. Contribute **\$220** personally towards the program.
4. After the program, make a verbal presentation to my sponsoring Rotary Club

General Release and Indemnity

1. I am aware and acknowledge that RYLA involves inherent risks, including the risks of injury to life or death or damage to property and in undertaking such activities I do so at my own risk and liability.
2. I am also aware that it is a condition of participation in the Rotary Youth Leadership Awards ("event") that Rotary, it's officers and employees, agents and volunteers are released by me from all liability however arising from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of my participation in the Event whether or not such injury is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, it's officers and employees, agents or volunteers.
3. I indemnify Rotary, it's officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of my participation in the Event.
4. I acknowledge and agree that my participation in the Event is as a consequence of my own free will and desire and that I have read and understood the above warning, release and indemnity.
5. I warrant that I am 18 years of age or older and am lawfully able to enter into this above release and indemnity, or in the event that I am a minor, I have the permission of my legal guardian to participate in the Event and that my legal guardian has agreed to adhere to the terms of the indemnity.
6. I further agree that in the event of injury to myself, you are authorised to obtain at my expense any medical, ambulance or like services that the RYLA Chair or delegated officer in their absolute discretion think necessary or desirable.

APPLICANT'S SIGNATURE

APPLICANT'S NAME

DATE

- I **do not** wish to receive information about other Rotary programmes
- I **do not** give consent to being included in the photographs that are taken during RYLA. Photographs and video footage is shared with the RYLA group and may be used by Rotary District 9465 to promote the RYLA programme.

****NOTE: Please ask your sponsoring Rotary club to complete section 6. If you are not affiliated with a Rotary club we will help you find one!**

SECTION 6 - SPONSORING ROTARY CLUB

Our Rotary Club has judged the above applicant is worthy of a Rotary Youth Leadership Award Nomination. We are aware that this is nomination only and the District 9465 RYLA team will require the participant to be interviewed before selection.

Rotary Club of: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

SIGNATURE

NAME

DATE

Refunds

In the event of a cancellation/non-attendance, no refund can be provided as the committee must pay for accommodation and activities prior to the seminar.