



Each applicant must include a current clear passport photo

YOUNG LEADERS PROGRAM JULY 2018 APPLICATION FORM

CLOSING DATE: 5.00PM FRIDAY 1st JUNE 2018 OR BEFORE IF STREAM REACHES CAPACITY PRIOR. PLEASE WRITE CLEARLY IN CAPITAL LETTERS AND COMPLETE ALL SECTIONS.

PLACE A CROSS (X) NEXT TO THE STREAM YOU WISH TO APPLY FOR. (Select ONE stream per week that you are you would like to attend)

WEEK ONE Sunday 1 st to Sunday 8 th JULY 2018	ARTS
	BIOMEDICINE
	COMMERCE
	DESIGN
	ENGLISH PLUS
	LEADERSHIP FOR SOCIAL JUSTICE
WEEK TWO Sunday 8 th to Sunday 15 th JULY 2018	LAW & JUSTICE
	PERFORMING & CREATIVE ARTS
	PERSONAL DEVELOPMENT FOR FUTURE LEADERS
	PSYCHOLOGY
	SCIENCE & ENGINEERING

STUDENT DETAILS - As they appear on Passport – PLEASE WRITE IN CAPITAL LETTERS

FAMILY NAME	FIRST NAME	M	F
PREFERRED	DATE OF BIRTH	AGE	
EMAIL (CAPITAL LETTERS)			
PHONE (with area code)	MOBILE/CELL		
1. STREET ADDRESS	4. POSTCODE		
2. SUBURB	5. STATE		
3. CITY	6. COUNTRY		

PARENT/GUARDIAN CONTACT INFORMATION - PLEASE WRITE IN CAPITAL LETTERS

FAMILY NAME (1)	FIRST NAME (1)	M	F
MOBILE (1)	RELATIONSHIP		
EMAIL (1) (CAPITAL LETTER)			
FAMILY NAME (2)	FIRST NAME (2)	M	F
MOBILE (2)	RELATIONSHIP		
EMAIL (2) (CAPITAL LETTER)			

ACADEMIC DETAILS

SCHOOL NAME	YEAR LEVEL
POSITIONS HELD	(Eg School Captain/Prefect or Sports Club Representative etc.)
1. STREET ADDRESS	4. POSTCODE
2. SUBURB	5. STATE/CITY
3. CITY	6. COUNTRY

HOW DID YOU FIND OUT ABOUT THE YOUNG LEADERS PROGRAMS? PLACE A CROSS (X)

SCHOOL	FAMILY	TRINITY STAFF MEMEBER	EXHIBITION/FAIR
FRIEND	TRINITY WEBSITE	MELB UNI STAFF MEMBER	OTHER
AGENT (IF YES, WHICH ONE?)			



PERSONAL STATEMENT

On a separate sheet, please explain your reasons in about 300 words, for wanting to join the Young Leaders Program, with reference to your leadership qualities. **Please outline your interest in the stream/s you are applying for.** You may wish to include things you hope to achieve during the program, or mention extracurricular activities you participate in or special interests you may have, including Awards or Certifications held.

SUPPORTING STATEMENT & DOCUMENTATION

- Please arrange for someone at your School, Club or an Agent to complete and sign the Supporting Statement on the last page, endorsing your attitude to learning, academic and/or extracurricular performance as well as your English proficiency (all classes are taught in English)
- Please attach a copy of your passport with your application

MEDICARE

Australian Residents Only

MEDICARE NUMBER		AMBULANCE COVER	YES		NO	
PRIVATE HEALTH FUND		POLICY NUMBER				

VISA

All international students must obtain a visa to visit Australia

- Depending on your country of residence, you will need to obtain either a **Visitor Visa** (subclass 600), an **Electronic Travel Authority** (subclass 601) or an **eVisitor** (subclass 651) visa.
- For more information, visit <http://www.border.gov.au/Trav/Visi/Visi>

TRAVEL INSURANCE

COMPULSORY FOR INTERNATIONAL STUDENTS

(This can be purchased at a later date – details **MUST** be provided to Trinity College)

PROVIDER		POLICY NUMBER				
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- All international students must obtain suitable travel & medical insurance for the duration of their stay. This is to ensure they are covered for any medical needs they have whilst in Australia.

MEDICAL INFORMATION

Please indicate if you suffer from any of the following, and provide details of conditions

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Dizzy spells/blackouts	<input type="checkbox"/>	Bleeding Disorder	
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Sight/Hearing Problems	
<input type="checkbox"/>	Sleeping Condition	<input type="checkbox"/>	Travel/boat sickness	<input type="checkbox"/>	Kidney Problems	
<input type="checkbox"/>	Bone Problems	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Mental Health	
<input type="checkbox"/>	Tetanus Immunization	Year of Immunization		2	0	
<input type="checkbox"/>	Recent illness (explain if necessary)			Other		
<input type="checkbox"/>	Anaphylaxis (Epipen and plan MUST be supplied. No Epipen = NO excursions)					

MEDICAL CONDITIONS

Please note that if you have a condition that requires medication, it is your responsibility to bring sufficient supplies.
Treatment/Medication for condition (dosage etc):

DIETARY REQUIREMENTS

<input type="checkbox"/>	Halal	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Gluten Free	
<input type="checkbox"/>	No Beef	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Lactose Free	
<input type="checkbox"/>	Peanut Allergy	I have NO Dietary Requirements				
<input type="checkbox"/>	Other (provide information)					



CONDITIONS OF ENROLMENT:

If you are successful, you will receive a Letter of Offer. The program fee is payable in full in one instalment prior to the commencement of the Program. Enrolment will not be confirmed until payment of course fees has been received by Trinity College. You are to arrive on and depart on the dates specified on this form. Flight arrival on the Sunday should be by 12.00 noon. Flight departure on the Sunday should be by 3.00pm. There is NO ACCOMMODATION available at Trinity College before or after the program. If you arrive early or depart late you are responsible for booking a hotel and arranging your own transport from the airport to your hotel, then from the hotel to Trinity.

REFUND POLICY:

Applicants who accept an offer for a place at the Young Leaders Program and subsequently decide to withdraw must notify Trinity College in writing. Provided written notification has been received by the College, refunds will be made as follows: 80% refund of the course fee will be made if notification of withdrawal is received no less than 30 days before course commencement; 50% refund of the course fee will be made if notification of withdrawal is received less than 30 days (but more than seven days) before course commencement; NO refund will be made available to an applicant if notification of withdrawal is received seven days or less before course commencement, or to an applicant who does not give notice of withdrawal and/or fails to commence the course, or withdraws after course commencement

DECLARATION:

- I authorise Trinity College to communicate with my parents or guardian any information in relation to my participation in the Young Leaders Program;
- If a third party is involved in the application process, I understand and accept that Trinity College may provide information about myself to them;
- I have read the policies on the Trinity College website (<http://www.trinity.unimelb.edu.au/learning/foundation-studies/policies-terms-conditions.html>) and I understand and accept the terms of these policies relevant to my program;
- Should I require medical attention, I authorise Trinity College to take appropriate action. A General Practitioner (GP) will be consulted for medical attention that extends beyond a Senior First Aid Level 2 qualification. If I am an international student, I will organise appropriate Travel Insurance;
- Where I have an existing condition (such as medical, psychological or physical condition or disability) for which I may require additional support from Trinity College during my time in Australia, I will advise Trinity College before commencing my enrolment;
- I understand and accept that the Young Leaders program includes educational experiences and activities that may take place off campus from Trinity College in accordance with the 'Trinity College Excursion Policy and Procedure' and I agree to participate in Young Leaders excursions in accordance with the Trinity College policies and Student Code of Conduct;
- I understand and accept that the Trinity College policies may change from time to time and I accept that it is my responsibility to keep up to date with these changes;
- In accepting my place in the program, I certify that the information I have provided in my application is true and correct.

SIGNATURES	
APPLICANT'S SIGNATURE	
PARENT/GUARDIAN'S SIGNATURE	
DATE	
EMAIL APPLICATION TO youngleaders@trinity.unimelb.edu.au	
EMAIL ADDRESS	youngleaders@trinity.unimelb.edu.au

APPLICATION CHECK LIST	
I have attached my 300-word Personal Statement	
I have had my Supporting Statement completed	
I have attached a copy of my passport	

DISCLAIMER:

While Trinity College emphasises the value of pastoral care and seeks to make appropriate and useful services available to students, whether or not a student avails him or herself of these services is a matter of individual choice. Please note that Trinity College, its employees, agents and related entities expressly disclaim to the full extent permitted by the law, any liability whatsoever in relation to any claim, action, suit, demand, course of action, expenses or costs of whatsoever kind or wheresoever situated, arising out of or in respect to information, advice or opinion provided by Trinity College, its employees, agents and/or related entities in respect to matters other than the Young Leaders Programs themselves. Any such information or advice or opinion is offered to students as an endeavor to assist them but is not intended to be relied upon in a manner, which will create any legal rights. While Trinity College is anxious to ensure the wellbeing of students who are minors, and will endeavor to provide reasonable supervision of such students, no responsibility is taken by Trinity College, its employees, agents and related entities for the conduct and upbringing of students participating in the Young Leaders Programs.



SUPPORTING STATEMENT

To be completed by the Applicant's School, Club or Agent

NAME of person supporting applicant in CAPITAL letters

SCHOOL / CLUB / AGENT

PHONE

EMAIL

I am pleased to support the application of this student to attend the Trinity College Young Leaders Program.

I can attest to his/her positive academic performance and attitude, and proficiency in both spoken and written English.

SIGNATURE

DATE

Please make comments in support of the applicant below or attach a separate sheet, including information about extracurricular activities, special interests, certificates awarded or positions held.