

2018-2019

Informal Mentor Application Form

This application form requires detailed personal information covering a range of topics including education, employment, fitness, health and wellbeing, and the reasons for wanting to participate in this once-in-a-life-time opportunity. The information we request helps us to focus workshop content around the skills and interests of members and ensures there are no significant health risks that may impact a person from participating or completing the program - particularly the three-night, four-day trek. This information is confidential.

Please ensure you have read the Information Sheet prior to completing this form. When completing the form print your responses to ensure your handwriting is legible. You will be required to undergo a discussion with Program Facilitators as part of the application process.

Application deadline: 4th November, 2018

If you would like help completing this form email us at womensspiritproject@ourspirit.com.

1.YOUR DETAILS

First/Given Name(s): _____

Last/Family Name: _____

Preferred Name (if different to above): _____

Date of birth: _____ Age: _____ Gender: _____

Email Address: _____

Home Phone: _____ Mobile: _____

What is the best time of day to phone you?

Anytime During Work Hours After Work Hours

What is your preferred contact number? Home Phone Mobile

Street Address: _____

Town/City: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Town/City: _____ State: _____ Postcode: _____

2. MORE ABOUT YOU

Do you identify as being: Aboriginal Torres Strait Islander Both Neither

Who is your mob (optional)?

How would you describe your ability to speak English?

Comfortable Conversational With difficulty Not at all

Will you require translation services? Yes No

Do you speak any other languages? Yes No

If Yes, please list other languages:

Do you need support with reading and writing? Yes No

Do you know anyone else who has applied for this program? Yes No

If yes, what is their name?

What is their relationship to you?

How did you hear about this program?

3. QUALIFICATIONS

What qualifications do you have?

- First Aid Yes No

Other Qualifications (please list in order of most recent):

Qualification	Institute	Year	Completed (Yes/No)

4. CURRENT EDUCATION/TRAINING

Are you currently studying? Yes No

What is the name of the course and institution?

5. EMPLOYMENT

Are you currently in paid employment? Yes No

What is your role?

Who do you work for?

6. ABILITIES

Do you have a physical disability? Yes No

Do you have any injuries, illness and/or disability that will limit your participation in any element of the WSP?

Yes No

Please describe the injuries, illness and/or disability including the impact on your participation.

Considering your injuries or illness and/or disability what support would you need to enable you to complete the program?

7. HEALTH & WELLBEING

HAVE YOU EVER HAD, OR DO YOU HAVE?

Circle correct response

1. High blood pressure	Yes / No
2. High cholesterol/Triacylglycerides	Yes / No
3. Pain/tightness in the chest	Yes / No
4. Rheumatic Fever	Yes / No
5. Heart/Stroke condition	Yes / No
6. Gout	Yes / No
7. Stomach/Duodenal ulcer	Yes / No
8. Liver/Kidney condition	Yes / No
9. Diabetes	Yes / No
10. Epilepsy	Yes / No

Note: If you have ticked yes to any of the above you will be required to provide a certificate or letter from your doctor containing relation information on your condition.

DO YOU EXPERIENCE, OR HAVE YOU EXPERIENCED?

Circle correct response

1. Pain/tightness in chest or palpitating heart	Yes / No
2. A family history of heart disease, stroke or raised cholesterol of relatives under 65	Yes / No
3. Breathing difficulties or asthma	Yes / No
4. Hernia	Yes / No
5. Arthritis	Yes / No
6. Back pain	Yes / No
7. Muscular pain/Cramps	Yes / No
8. Any major injuries	Yes / No
9. Are you on any prescribed medication?	Yes / No
10. Have you been hospitalised in the last 24 months?	Yes / No
11. Do you have, or have you had recently any infections or infectious diseases?	Yes / No
12. Are you pregnant?	Yes / No
13. Are there any other conditions which may limit your activity program?	Yes / No

LIFESTYLE PROFILE

OCCUPATIONAL PHYSICAL ACTIVITY					
During the last three months check the average time spent: Fill in time in box at each activity.					
Sitting		Walking		Lifting/Carrying	
a) Nearly all b) Over half c) Under half d) None		a) Nearly all b) Over half c) Under half d) None		a) Almost never b) Several times a day c) Frequently	

EXERCISE			
How often do you engage in active exercise which causes you to sweat and become breathless? (e.g. brisk walking, jogging, running, swimming, cycling, squash, vigorous team sport, etc.);		How often do you engage in any other sporting or keep-fit activities? (e.g. golf, bowls, yoga, sailing, bushwalking, horse riding, etc.);	
a) 3 times or more per week b) once or twice per week c) once a month d) rarely e) never		a) 3 times or more per week b) once or twice per week c) once a month d) rarely e) never	

ALCOHOL		
Do you drink alcohol?		Yes / No
If "YES" please fill out the following table below showing what your usual drinking pattern is.		
Day of the Week	Amount (e.g. 3 glasses)	Type (e.g. beer, wine, spirits)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

WEIGHT			
Do you consider your weight to be:		About your weight	
a) Excellent	<input type="checkbox"/>	a) How much would you like to weigh? ?	Kg
b) Healthy weight for height	<input type="checkbox"/>	b) What is your best weight ever?	Kg
c) Overweight	<input type="checkbox"/>	c) At what age?	Yrs
d) Extremely overweight	<input type="checkbox"/>	d) Have you ever tried to lose weight?	Yes / No
e) Underweight	<input type="checkbox"/>		

SMOKING	
Do you smoke?	Yes / No
On average, how many cigarettes a day do you smoke? (please circle the correct answer)	
a) Less than 10	
b) 10-20	
c) More than 20	

STRESS		
Which of the following do you experience?		
<p>Please answer with:</p> <p>1 = Never</p> <p>2 = Rarely</p> <p>3 = Sometimes</p> <p>4 = Often</p> <p>5 = Always</p>	<p>a) Headaches</p> <p>b) Stomach aches and tension</p> <p>c) Stiffness in the neck and shoulders</p> <p>d) Fatigue</p> <p>e) Compulsive eating</p> <p>f) Worry</p> <p>g) Impatience</p> <p>h) Frustration</p>	

8. APPLICATION QUESTIONS

Please write or type your responses to each of the following questions in a separate document and attach to this Application. Feel free to use paragraphs or dot points. Please write your name at the top of each page you attach.

1. Why do you want to participate in this program as an informal mentor? (100 words)
2. What personal experiences have influenced your decision to apply to be an informal mentor on this program? (50 words)
3. What qualifications or training have you completed that may be useful in your role as an Informal Mentor? Please list.
4. Please describe any mentoring activities you have undertaken within your work place, community, university or school over the past 10 years. (50 words).
5. What skills and attributes do you possess that would make you a great mentor on this program? (50 words)
6. What skills do you think you need to gain / strengthen to be an effective mentor and role model (50 words)
7. List any other things you want us to know about yourself? (50 words) – E.g. what are three things that make you happy and put a smile on your face; three of your best attributes or strengths.

9. REFEREE LIST

Please provide the contact details of two referees.

1. Full Name: _____ Mobile No. _____
Email address: _____
2. Full Name: _____ Mobile No. _____
Email address: _____

10. CHECKLIST

I have attached the following documents with this form:

- Responses to questions
- Two references from referees (friend, community member, employer or teacher).

I, _____ (participant's name) have read through the Information Sheet and Application Form and understand that:

- Submitting this Application does not guarantee a place on the program.
- If the above information is not attached your application cannot be reviewed.
- I will be available for a 20-30 minute conversation with Program Facilitators as part of the selection process.
- I confirm that I am happy to accept the terms and conditions of the program and sign a Consent and Indemnity form if I am accepted into the program.
- I am able to participate in the program on the dates outlined on the Information Sheet.

Signature: _____ Date: _____

Thank you for your application!

If you have any questions regarding the Program and the Application Form,
please call Jodie Belyea on 0437 455 885.

Successful and unsuccessful applicants will be notified late November 2018.

Please return this form to womensspiritproject@ourspirit.com.au

by 5:00pm 4th November 2018.