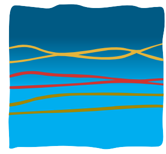

Cape York Leaders Program
be more

ACADEMIC SECONDARY LEADERS

APPLICATION FORM

Applicant's name: ______________________________

Proposed year level: ______________________________

Proposed commencement date: ______________________________

SUBMITTING YOUR APPLICATION Please submit application by any of the options below:	
By Post:	Cape York Leaders Program Cape York Institute for Policy and Leadership PO Box 667, Cairns North Cairns, QLD 4870
By E-mail:	CYLPEvents@cyp.org.au
By Fax:	(07) 4042 7291
By Hand:	302-310 Sheridan Street, Cairns QLD 4870

CAPE YORK PARTNERSHIP
Responsibility • Opportunity • Freedom

THE APPLICATION PROCESS

STEP 1 – You fill out this application and post, fax or email. (details on the front)

STEP 2 – We will consider your application based on reports, leadership qualities and community. We will then arrange an interview with you and your child.

STEP 3 – Cape York Leaders Program staff will notify you if your application has been successful or unsuccessful and finalise a contract where applicable.

CHILD'S DETAILS (Please print)

Last name:	
First name:	
Also known as:	
Sex: ☐ Male ☐ Female	
Home address:	
Postal address:	
Date of birth: / /	Place of birth:
Names of brothers and sisters on the CYLP program (if any):	
Last School Attended:	Year:
Name of your child's teacher:	
Has your child got a Student Education Trust? ☐ Yes ☐ No	
Finish each of the following statements as accurately as you can be adding a statement you believe best describes your son or daughter as a student:	
My son/daughter's attitude towards school is:	
My Son/daughter's attendance at school is:	
My Son/daughter's school results are:	
I/We help our child at school by:	
I/We are keen for our child to receive Secondary Scholarship because:	
I/We have spoken to our child about studying at boarding school and he/she: **(please attach additional pages if need be)**	

FAMILY DETAILS

MOTHER

Last name:	First name:
Home address:	
Occupation:	Employer:
Home #:	Work #:
Mobile #:	Email:
Level of schooling completed:	Language:
Additional studies:	

FATHER

Last name:	First name:
Home address:	
Occupation:	Employer:
Home #:	Work #:
Mobile #:	Email:
Level of schooling completed:	Language:
Additional studies:	

GUARDIAN (If same as parents write 'AS ABOVE')

Last name:	First name:
Home address:	
Occupation:	Employer:
Home #:	Work #:
Mobile #:	Email:
Level of schooling completed:	Language:
Additional studies:	

EMERGENCY CONTACT 1 (Must be different from parent or guardian)

Last name:	First name:
Home address:	
Employer:	
Home #:	Work #:
Mobile #:	Email:
Relationship to child:	

EMERGENCY CONTACT 2 (Must be different from parent or guardian)

Last name:	First name:
Home address:	
Employer:	
Home #:	Work #:
Mobile #:	Email:
Relationship to child:	

CHILD'S HISTORY

Cape York Leaders Program is responsible for the welfare and safety of its staff and students at partner schools. It is essential that we are aware of any past student behaviour, personal circumstances or medical issues which could pose a risk to the student or other students or staff at the school, so Cape York Leaders Program can assist in their treatment and management if appropriate.

It is important that the questions are answered truthfully. Failure to disclose relevant information may result in the scholarship being cancelled. This information is used to help with placements of student at school and to have support in place when the students arrives if needed.

RISK TO OTHERS

Are you aware of anything in the child's history which may pose any risk to the student, other students or staff?

☐ Yes ☐ No

If **yes**, please give details:

PREVIOUS SCHOOL HISTORY

Has the child been suspended, expelled or had their enrolment cancelled by any previous school or educational institution?

☐ Suspended ☐ Expelled ☐ Enrolment ☐ Cancelled ☐ None of the above

If **yes**, please give details and reasons for suspension or expulsion:

LEGAL HISTORY

Does the child have a police record? Is the student under any Youth Justice or Police Protection order? Is the student under the protection of The Department of Child Safety?

☐ Yes ☐ No

If **yes**, please give details:

To the best of my knowledge the answers provided above are true and correct.

Parent/guardian's signature: ______________________________

Date: ______________________________

STUDENT HEALTH, WELL-BEING AND LEARNING

This information will be used by Cape York Leaders Program staff where relevant. This information is vital both in school and on excursions. All information is confidential. Please notify Cape York Leaders Program of any changes as soon as possible.

This information will also be required for any enrolment at a secondary institution

HEALTH COVER (Fill out where applicable)

Medicare number:	Position on card:	Expiry date:
Health Care card number:		Expiry date:
Private insurance fund:		Membership number:

IMMUNISATIONS (Please provide a copy of the student's immunisation records)

WHICH IMMUNISATIONS HAS THE CHILD RECEIVED? (Please circle and indicate year)		
All childhood vaccinations	☐ Yes ☐ No	Year:
Chicken pox	☐ Yes ☐ No	Year:
Hepatitis B	☐ Yes ☐ No	Year:
Tetanus	☐ Yes ☐ No	Year:
Mumps/Measles/Rubella	☐ Yes ☐ No	Year:
Gardisol	☐ Yes ☐ No	Year:
Other	☐ Yes ☐ No	Year:

MEDICATION

Will the child require any medication to be self-administered or administered by staff while at school or on a school activity? ☐ Yes ☐ No
If **yes**, please provide details:

MEDICAL CONDITIONS

DOES THE STUDENT HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS? Please tick					
ADD or ADHD	☐ Yes	☐ No	Food allergies	☐ Yes	☐ No
Allergies Mild/Severe	☐ Yes	☐ No	Hearing problems Last tested:	☐ Yes	☐ No
Asperger's Syndrome	☐ Yes	☐ No	Intellectual impairment	☐ Yes	☐ No
Asthma Mild/Severe	☐ Yes	☐ No	Medication allergies	☐ Yes	☐ No
Autism Spectrum Disorder	☐ Yes	☐ No	Physical impairment	☐ Yes	☐ No
Blood disorder	☐ Yes	☐ No	Skin conditions	☐ Yes	☐ No
Heart condition	☐ Yes	☐ No	Speech impairment	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Vision problems Last tested:	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No	Other conditions	☐ Yes	☐ No
Bed Wetting	☐ Yes	☐ No			

Please provide details of any medical condition (eg type and severity of allergy or impairment) and any treatment required. You can attach additional information where necessary.

Please provide details of any infectious diseases the student has had:

MEDICAL PRACTITIONERS

Please provide details of any medical practitioners who treat the child.

Doctor's name:	Phone:
Dentist's name:	Phone:
Other practitioner's name:	Phone:

Parent/guardian's signature: ______________________

Parent/guardian's name: ______________________

Date: ______________________

PARENTAL CONTRIBUTION – How much the scholarship will cost you

As the parents/guardian of an Academic Leaders Secondary (ALS) student you are committed to contributing parental payments.

Parents are required to keep up with Parental Payments of $40.00 per week for the whole calendar year. For every extra child on the program parents must pay $20 per week for the second child (e.g. 2 children means $40 p/wk for the first child plus $20 p/wk for second child, adding up to a total of $60 per week for 2 children).These payments can be made in either weekly, fortnightly or monthly instalments.

For one student you will pay in total $2080 and for every student after $1040 per calendar year.

TERMS, CONDITIONS AND PERMISSIONS. Read carefully before you sign

PARENT DECLARATION

I/We wish to apply for a Cape York Academic Leaders Secondary Scholarship for our son/daughter.

Child's full name: ____

- I/We give our permission for authorised staff of Cape York Institute to consult with the principal and staff of our child's school about his/her progress as part of this application, and to obtain copies of his/her reports and school results as necessary.
- I/We understand that the Cape York Academic Leaders Program is a partnership between families, Cape York Institute, schools and sponsors, all of whom make a contribution to the student's education.
- I/We am/are prepared to make a financial contribution to support my child.
- I/We have read and understood the terms and conditions of the program, and if my/our child is accepted, agree to abide by these terms and conditions.

Parent/guardian's signature: ________________________________

Parent/guardian's name: ________________________________

Date: ________________________________

CHILD DECLARATION

Child's full name: ________________________________

- I wish to join the Cape York Academic Leaders program. I have talked about this program with my parents/guardians and /or teachers and understand what it is all about. I have also read and understand the terms and conditions of the program, and if accepted, agree to abide by these conditions.

Child's signature: ________________________________

Child's full name: ________________________________

Date: ________________________________

CONFIRMATION OF COMMUNITY RESIDENCE

To be completed by Parent/Guardian and signed Community organisation

I ______(first name)______ ______(other name)______ ______(surname)______

and now living at ______(your full address)______

declare that my/our son/daughter is of Aboriginal and/or Torres strait Islander descent, and is a resident of the

______(community name)______ community in Cape York (also specify if a resident of Palm Island or Yarrabah).

He/she has lived in this community for (months/years) ______

Child's signature: ______

Date: ______

The above person is accepted and recognised as a member of the Cape York community of ______(community name)______ (please specify if a member of Palm Island or Yarrabah) by the Board of Management of this incorporated Indigenous organisation or association.

Name of Organisation: ______

Address of Organisation: ______

Name of person making this declaration: ______

Position held: ______

Signature: ______

Date: ______

*These signatories must not be members of the applicant's family.

ATTACHMENTS REQUIRED

I have included copies of the child's:

- [ ] Academic record at least 2 years of school reports
- [ ] One year's Naplan results
- [ ] Community affiliation form signed off

WHAT ELSE SHOULD YOU BE DOING?

- [ ] Apply to Abstudy that way you will be current and able to get travel for an interview.
- [ ] Birth certificate – every high school requirement
- [ ] Vaccination history – every high school requirement
- [ ] Bank Account – student will need access to money at boarding school