

DOXA'S UNIVERSITY PATHWAYS PROGRAM YEAR 9 APPLICATION FORM



Who is Doxa?

Doxa is a youth not for profit organisation supporting young people to access positive life experiences, education opportunities and employment pathways. We've been in existence since 1972 and our programs support over 5,000 young Victorians typically aged between 8-22 years each year.

The **University Pathways Program (UPP)** is a 3 day residential for students in Years 9-12 held annually for each year group in the school holidays. The program provides young people with opportunities to build their confidence, resilience and self-awareness while developing an understanding of the possible pathways to university and careers.



Over the UPP residentials in years 9-12 you will:

- Experience staying with 30 other students at the Doxa City Camp in the heart of the CBD
- Develop core life skills that you can use throughout your time in school, university and work
- Visit some of Melbourne's most significant businesses and talk to people that work there
- Have the opportunity to visit Melbourne based universities and see what they have to offer
- Start to explore your career options based on real life experience
- Be given tools and strategies to assist you to reach your educational and career goals
- Have fun meeting new people from schools across Melbourne and Regional Victoria.

How much is it to attend the UPP?

Doxa receives funding from Corporate Partners which allows us to offer the Program at **no cost** for students.

When do the UPPs take place?

Year 9 UPP group 1: 2-4 October 2017

or

Year 9 UPP group 2: 5-7 October 2017



► How do I register?

To register for the UPP, students need to complete and submit the enclosed application form to upp@doxa.org.au (scan/photograph and email) Places are limited and applications close 4 September 2017.

► UPP residential information for Teachers and Parents

Doxa City Camp accommodates 42 people and is located on Elizabeth Street, Melbourne opposite Melbourne Central shopping centre. The accommodation includes 13 rooms with bunk style sleeping and separate male and female facilities. There is a large lounge/common room with couches and ducted heating and cooling. Students are required to bring bedding and clothing for the 3 day residential. All meals, activities and transport costs are covered by Doxa.

The University Pathways Program activities are facilitated and supervised by Doxa staff and Team Leaders (University Students). Please contact the Doxa team for further information about the University Pathways Program.



CONTACT US

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Section 1.1 PERSONAL DETAILS, *(to be completed by the applicant, PRINT CAREFULLY)*

Please write numbers 1-2 in the boxes to indicate camp attendance preference (tick one only if unable to attend the other date) Places will be allocated based on availability for each camp.	Year 9 UPP 1 2-4 October 2017 ☐
	Year 9 UPP 2 5-7 October 2017 ☐
	<i>* If you cannot attend either of the above, please tick the box below to register your interest for an additional Year 9 camp to be confirmed during term 4:</i> Year 9 UPP 3 (TBC) 15-17 January 2018 ☐
1. Given Name	
2. Surname	
3. Gender	
4. Email	
5. Date of Birth (dd/mm/yy)	
6. School	
7. Year Level (current at time of application)	
8. Home Address	
9. Postcode	
10. Home Phone Number	Area Code ()
11. Mobile Phone Number	
12. City and Country of Birth	
13. If you were born outside Australia, mark the choice that applies to you:	
☐ I am an AUSTRALIAN CITIZEN ☐ I am a PERMANENT RESIDENT	

☐ I am on an OVERSEAS STUDENT VISA
 ☐ OTHER (please specify):

1. What language(s) do you speak at home?	
2. Do you Identify as being of Aboriginal or Torres Strait Islander descent?	Yes ☐ No ☐

Section 1.2 PERSONAL STATEMENT, *(to be completed by the applicant)*

1. What attracted you to apply for the University Pathways Program?

2. What would you like to get out of the Program?

3. Tick the areas you might be interested to explore at University:

Arts	Business	Design	Education	Engineering	Health	Law	Sciences
☐	☐	☐	☐	☐	☐	☐	☐

4. Please provide a statement in your own words covering:

- Why you have applied for the program?
- Any short-term goals you may have?
- Any ideas of where you might see yourself when you finish school (study or work aspirations)?
- What particular strengths do you think you have as a student and as a person?
- In what areas would you like to improve?

Please continue on the next page

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DOXA PROGRAMS: PARTICIPATION & MEDIA CONSENT FORM

Our award-winning programs are carried out in strict accordance with Australian Occupational Health & Safety regulations and our qualified staff have comprehensive training in First Aid, Health & Safety procedures and Risk Management.

The wellbeing and safety of participants is of paramount importance at all times. However due to the nature of some of the activities in our programs there is an inherent element of risk involved.

A full list of our completely voluntary activities and any further information required about our programs are available on request. Please email: operations@doxa.org.au or phone: 03 9328 8100.

Completion of this form is compulsory in order for your child to participate in all our activities.

General Waiver Agreement and Release

- I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken during a Doxa program and I accept that risk.
- I agree that Doxa will not be held responsible for any future medical complications that may arise later as a result of an incident.

Medical emergency

- In the case of an emergency I authorise Doxa staff, where I am unable to be contacted, to arrange for my child to receive medical or surgical treatment as deemed necessary.
- I also consent to undertake any payments or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child is in Doxa's care.

Unacceptable behaviour

- I understand and acknowledge that Doxa strives to create a positive and fun experience for all events and unacceptable behaviour such as bullying, abusive language, negative attitudes as well as possession or use of illegal substances, cigarettes or alcohol will not be tolerated.
- I further understand that in such circumstances deemed necessary my child may be sent home and the cost associated with their return will be my responsibility.

Transport

- I understand that Doxa is not held responsible for any incidents occurring on transportation to and from the Doxa program location.

Personal Information

- I understand that any personal information collected related to my child can only be accessed by authorised Doxa staff, subject to privacy restrictions.
- I consent that such information may be provided to medical professionals where necessary.

By signing below I agree for _____ (full name) to attend and participate in the activities offered and agree to assume the risks of participating in these activities. I understand and have read the above information provided by Doxa in relation to the **University Pathways Program**.

Parent/guardian: _____ (full name)

: _____ (Signature) _____ (date)

Media consent

- I consent to Doxa holding any photograph or video footage of my child throughout the duration of program participation and to use in any promotional material including:
- Marketing collateral (brochures / reports)
- Print and online media (newspapers, magazines, blogs, news sites)
- Social media (Facebook, Instagram, Twitter) and Doxa website, promotional videos
- I acknowledge that no fee or other charge is payable to Doxa for that use and that Doxa owns all copyright in the photograph or video.
- I understand that I can withdraw my consent to future use of any photograph or video by giving Doxa written request at any time.

Please **tick one** of the following options in regard to media consent: ☐ I consent **OR** ☐ I do not consent

Medical and dietary requirements

- 1 Are there any ailments or behaviours which staff should know about? No ☐ Yes ☐

If yes, please provide and/or attach details if required. _____

- 2 Does your child have regular/ prescribed medication due to a medical condition? No ☐ Yes ☐

If yes, please provide and/or attach details if required. _____

- 3 Does your child have an allergic reaction to any medication? No ☐ Yes ☐

If yes, please provide details: _____

- 4 Does your child have any additional medical information that may impact their/my ability to evacuate in an emergency (for example: hearing aid/loss or on crutches)? No ☐ Yes ☐

If yes, please provide details: _____

- 5 Does your child have any special dietary requirements (allergies / intolerances)? No ☐ Yes ☐

If yes, please provide details: _____

Emergency contacts

Family Doctor Name: _____ Phone No: _____

Medicare Number: _____

Parent/Guardian emergency contact details:

Name: _____ Phone No: _____

Relationship to applicant: _____ E-mail (required) _____

Alternative contact details:

Name: _____ Phone No: _____

Relationship to applicant: _____