THE OTAGO MASONIC CHARITABLE TRUST

In conjunction with the PEEL FOREST OUTDOOR CENTRE

YOUTH DEVELOPMENT PROGRAMME APPLICATION FORM - 2024

Full Names		
Postal Address		
		Postal Code
Contact Phone	Day Night	
Mobile Phone		
Your email		
Contact email		
Date of Birth	C	Gender
School		
Dietary Informati	ion	
Food Allergies / Intolerances;		
Do you have any of the following dietary requirements?		
Vegetarian, Vegan, Dairy Free, Gluten Free.? If so please give details below ▼		
3		
Behavior ; Do you have any history of behavioral issues ? Such as ADD, ADHD, aggression or difficulty functioning with others		
If Yes, Details;		
Criminal History; Have you any criminal convictions, incl. youth court ? Y/N		
Are you under any current bail conditions, or have charges pending? Y/N Note: If any charges arise after submitting the Application you are obliged to advise the		
Trust immediat	- · · · · · · · · · · · · · · · · · · ·	you are obliged to advise the
If Yes, Details;		
Medical Issues; do you have any health issues? If accepted ALL Participants are required to complete a separate medical form.		

Disclosure of this information may not necessarily influence acceptance or declinature.

Please Read the Guidelines before submitting Application

Why do you want to attend this course ? and what do you hope to get out of the Course ?;		
Course Dates; 9 to 16 December 2024 Please READ this Declaration and SIGN below;		
I, the undersigned, hereby declare that the information provided in this application to be true and correct. I agree to comply with the conditions relative to participating in the course. I understand the Otago Masonic Charitable Trust is under no obligation to accept any application, and is not required to explain or justify the decision. The Trust will make its decisions based on the standards set for the objectives of the course. I agree that my name may be used by The Otago Masonic Charitable Trust, in advertising, publicity, or in Reports. All information will be treated with the utmost confidentiality at all times.		
Signed; Date. / /		
Print Name:		
REMINDER: The completed Application Form, must be received by the Secretary of the Otago Masonic Charitable Trust, by Friday 8 th November 2024.		

LATE APPLICATIONS <u>MAY NOT</u> BE CONSIDERED.

Cost of Course \$ 100 = Must be Paid before course commences.

Application will not be considered until a Reference form is received. (If you need further details contact a local Masonic Lodge, or email info.otago.charitable@gmail.com)