

# Rotary Youth Leadership Awards 2022

## Application Form

5 – 11 February 2022 | The Capricorn Caves, Rockhampton

Thank you for your interest in attending the Rotary Youth Leadership Awards (RYLA) program. Please consider the following points prior to submitting your completed application form. Please read and complete this form thoroughly.

- Acceptance into RYLA is based on sponsorship by a local Rotary Club or business. If you aren't in contact with a club, we can assist you in seeking sponsorship. Final decisions are at the discretion of individual Rotary Clubs. Business sponsorships are accepted and highly encouraged.
- As Rotary Clubs and businesses invest significantly in sending applicants to RYLA, it is extremely important that you are able to attend the program for the entire duration. Participants are *not* permitted to commute or leave the program location except in exceptional circumstances. Prior to submitting your application, please ensure you are able to take holidays from work and schedule the time away.
- As part of the commitment made by Clubs to sponsor participants, all attendees are required to return to their sponsoring club and deliver a presentation or similar about their RYLA experience. Business sponsorships may have similar expectations. More information will be provided on this at RYLA.

### SECTION 1: YOUR DETAILS

First Name		Last Name	
Preferred Name		Gender	
Date of Birth		T-Shirt Size	
Postal Address			
Town		Postcode	
Email address		Phone Number	
How did you find out about RYLA?			

### SECTION 2: EMERGENCY CONTACTS

#### Primary Contact

First Name		Last Name	
Mobile		Other Phone	
Relationship to you			

#### Secondary Contact (If primary contact is not able to be contacted)

First Name		Last Name	
Mobile		Other Phone	
Relationship to you			

### SECTION 3: ABOUT YOU

We're not looking for a list of everything on your resume, instead we want to know what you're passionate about and what experiences you can share with others participating in RYLA. Please limit your responses to 150 words.

What are you currently doing in relation to work or study?

Are you involved in volunteer or other community work?

What would you hope to get out of attending RYLA?

During the week you will be interacting with other participants and program content is varied and involves long days. You can expect to have your views and opinions challenged. How do you think you will adapt to this environment?

#### **PHONES AND OTHER DEVICES ARE NOT PERMITTED DURING THE PROGRAM**

A crucial component of RYLA is the time away from everyday life. There is also extremely poor phone reception. Participants will only be permitted to access phones before 7am and after 10pm each evening.

Is this something you are happy to adhere to?

YES NO

### SECTION 4: MEDICARE / HEALTH INSURANCE

Regular Doctor		Phone Number	
Year of Last Tetanus Injection		Medicare #	
Private Health Provider		Membership #	
Other Relevant Details			



## SECTION 5: NEEDS AND REQUIREMENTS

RYLA seeks to cater for individuals of all abilities, cultural and religious backgrounds and any dietary or medical need. Please complete this section as accurately as possible. The information will be retained by the RYLA Chair and only shared with relevant RYLA leaders for use only as required to assist you during RYLA. All information is treated with the strictest of confidence.

**MEDICATIONS:** Are you taking any medications?

Yes

No

If yes, please provide details

**DIETARY REQUIREMENTS:** Do you have any dietary requirements? E.g. gluten free, vegetarian, lactose intolerant, etc.

Yes

No

If yes, please provide details

**CONDITIONS:** I do / do not suffer, or at any time, have suffered from: *(Circle one and provide details if YES)*

Any known allergies/reactions to medications or other environmental conditions? *\*Please indicate if you require and use an adrenaline auto injector (EpiPen) and provide the expiry date*

Yes

No

☐ Life threatening ☐ Severe ☐ Mild  
*Details:*

Epilepsy, seizures or attacks of fainting or giddiness?

Yes

No

*Details:*

Diabetes?

Yes

No

*Details:*

Any permanent disability to a body part or suffering from deafness?

Yes

No

*Details:*

Any disease or physical, psychological condition?

Yes

No

*Details:*

Any other conditions?

Yes

No

*Details:*

**PAIN MEDICATION:** Can you take standard pain medication? E.g. Panadol or Nurofen  
*Please note: If yes, you will be provided the medication to administer yourself.*

Yes

No

If yes, please provide details



## SECTION 6: RYLA RULES AND GUIDELINES

The RYLA team tries to make the program as fun and as enjoyable as possible, while ensuring the comfort and safety of all participants. To help achieve this we ask participants to adhere to the rules outlined below. Breach of these may result in you being asked to leave the program.

1. Participants are required to abide by the RYLA rules and guidelines as well as expectations set by the Capricorn Caves.
2. Illicit drugs and alcohol are strictly prohibited.
3. Mobile phones are not permitted between 7am and 10pm for the duration of the program (emergency phone numbers will be provided to pass onto family and friends in case of emergency). Mobile phone reception is limited at the venue. There is a landline onsite for emergency use.
4. Participants will be allocated gender separate rooms and this segregation must be respected. Participants must also be courteous of other participants as well as other Caves visitors at all times.
5. Participants should bring all personal items required for the week. A list of what to bring will be emailed after successful application. Participants are solely responsible for their own personal items.
6. Participants will be required to undertake minimum cleaning and general housekeeping requirements, which will be communicated at RYLA.
7. Participants must attend and adhere to meal and session times.
8. Participants are permitted to bring their vehicle to RYLA however attendees will not be able to leave the site for the duration of the program. Parking is available outside our accommodation at the Caves.
9. Participants are responsible for their behaviour and any misconduct will not be tolerated.
10. Participants must be considerate of differing views, perspectives and opinions and be respectful to other participants, the facilitators, guest speakers and the Caves staff.

**FAILURE TO ADHERE TO ANY OF THE ABOVE REQUIREMENTS MAY RESULT  
IN TERMINATION FROM THE PROGRAM**

## SECTION 7: APPLICANT AGREEMENT

Read this section carefully and sign to agree.

1. I confirm that all information provided within this document is complete and accurate.
2. I will be positive, respectful and actively participate in all aspects of the RYLA program.
3. I commit to adhere to all rules and guidelines of RYLA and the Capricorn Caves and will follow all reasonable instructions.
4. I agree to visit my sponsoring Rotary Club after the program to provide feedback about my RYLA experience.
5. I confirm that I will arrange my own transport to and from the program.
6. I hereby absolutely release and discharge Rotary District 9560 or Rotary International and all its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss or damage to personal property that the applicant may suffer or sustain in the course of the program period.
7. I agree that in the event of injury to myself where I am not able to make a decision, you are authorised to obtain, at my expense, any medical, ambulance or like service that you in your absolute discretion think necessary.
8. I understand and agree that in the instance where I withdraw within one month of the program, my sponsoring club or business may expect me to provide a payment of \$100. This is payable upon invoice.

<b>NAME OF APPLICANT</b>	<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

## SECTION 8: MEDIA RELEASE

Read this section carefully and sign only if you agree.

I authorise Rotary District 9560, the RYLA facilitating team and its authorised Agents to use any photographs, video footage and other electronic media taken that may include myself on the RYLA program as promotional material for the purposes of promoting the activities of Rotary. I understand this may include, but is not limited to, printed brochures, press releases, website and social media, promotions, newsletters and testimonials.

<b>NAME OF APPLICANT</b>	<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

## SECTION 9: FINDING A SPONSOR ROTARY CLUB (for non-business sponsorship)

Are you currently in contact with a Rotary Club that has indicated interest in sponsoring you?

Yes

No

Name of Club

Name of Club Contact  
(If known)

- **If NO**, don't stress. Your application will be included in a pool of applicants and we will find a Rotary club to sponsor you on your behalf. Send this completed and signed form to [ryla@rotary9560.org](mailto:ryla@rotary9560.org)
- **If YES**, please pass this completed and signed form to the Rotary Club you have been speaking with.

## THE SECTION BELOW IS TO BE COMPLETED BY YOUR SPONSOR ROTARY CLUB/BUSINESS

## SECTION 10: ROTARY CLUB/BUSINESS AGREEMENT

We, the Rotary Club/business recorded below, nominate the person named within this application to attend RYLA from Saturday, 05 February 2022 to Friday, 11 February 2022 at the Capricorn Caves, Rockhampton.

Our club/business agrees that should our applicant be accepted, we undertake to make payment of \$1,100 (if the application is submitted on or before 31/12/20) OR \$1,200 (if the application is submitted on or after 01/01/21) to cover the program costs for this participant. Payments must be made upon invoice.

In the event that the person named within this application withdraws within one month of RYLA or does not show up for RYLA, the club/business will incur a \$100 cancellation fee. You may choose for your participant to cover this cost as indicated in Section 7, Point 8 of this form. If a participant withdraws during the program, the fee incurred will be at the discretion of the District Chair in consultation with the District Governor.

Upon acceptance of your participant, your club/business will be issued an invoice from the District Treasurer.

Rotary Club / Business Name

Name of Club / Business Contact

Phone & Email of Club / Business Contact

NAME OF AUTHORISED PERSON

SIGNATURE OF AUTHORISED PERSON

DATE

*\*Authorised person indicates Club President/Secretary or Business Employer/Delegate.*

*Please note: the Club/Business contact will be communicated with hereafter. Please indicate above if Club/Business contact is different to Club President/Secretary or Business Employer/Delegate.*

**PLEASE EMAIL ALL COMPLETED  
APPLICATIONS TO:**  
[ryla@rotary9560.org](mailto:ryla@rotary9560.org)

**FOR MORE INFORMATION  
PLEASE CONTACT:**  
Stevie Tucker, RYLA District Chair  
[ryla@rotary9560.org](mailto:ryla@rotary9560.org) | 0427 486 950

