

Mentee Application Pack

Dear Applicant,

Thank you for your interest in joining Jewish Care's Young Achievers Program (YAP).

The mentee application package is enclosed below. Please make sure you have completed all sections and supplied the relevant supporting documents. A checklist is included below to assist you.

The information contained within this form will remain confidential. Completed applications must be emailed to the Youth Mentoring Coordinator by **Sunday 15 November**. Successful applicants will be invited to attend an interview in December.

For further information or to submit your application, please contact Adina Nachum on ph: 8517 5626 or email anachum@jewishcare.org.au

CHECKLIST:

- ☐ Application form
- ☐ Statement of commitment
- ☐ Privacy consent form
- ☐ Publicity consent form
- ☐ Parent/guardian consent form (if applicant is under 18 years of age)
- ☐ Medical information
- ☐ Statement of academic results for the previous semester
- ☐ Endorsement form, completed by a relevant teacher, career counsellor or school principal
- ☐ Photograph of yourself (this helps the judging panel to remember who you are when final selections are made following interviews)

Completed forms can be emailed to anachum@jewishcare.org.au

Thank you for taking the time to complete this application.

We look forward to meeting you!

Application Form – Part 1

First name:		Surname:	
Date of birth:		Phone (mobile):	
Residential address:			
Email:			
Country of birth:		Language/s spoken:	
How would you describe your Jewish affiliation? (eg. secular, traditional, Progressive, Orthodox)			
How did you hear about YAP? (eg. Jewish News, school, word of mouth)			

Do you have access to the internet (email and WhatsApp)
to receive information regarding workshops and activities?

☐ Yes

☐ No

Parent/guardian contact details:

First name:		Surname:	
Residential address:			
Phone (mobile):		Relationship to applicant:	

Education details:

Name of school:		Year level: (as of 2021)	
Address:			
Relevant contact:		Phone:	
Please list the subjects studied this year:	1. 2. 3. 4.	5. 6. 7. 8.	

Application Form – Part 2

How many people live in your house? Please list the people that live there (e.g. mum, older brother, younger sister)	
Please list any current extracurricular activities (e.g. youth movements, school committees, part-time work, sport)	
What are your personal goals at present?	
Do you plan to study further after Year 12? (e.g. university, TAFE, apprenticeship) If yes, what do you intend to study and why? If no, what type of work would you like to do after school and why?	
Have you had any work experience in your field of interest, or any other field? If yes, please provide details	
What are your interests and hobbies?	



Youth Mentoring

<p>Tell us about your strengths – what are three things that you feel you are good at?</p>	
<p>Who is your role model and why?</p>	
<p>Tell us about a leader you admire and why</p>	



Youth Mentoring

<p>Write about a time in your life when there was an obstacle that you overcame</p>	
<p>How could the 3 components of the Young Achievers Program help you to achieve your goals?</p>	<p>Mentor:</p> <p>Workshops:</p> <p>Scholarship:</p>
<p>What qualities would you like in a mentor?</p>	

Statement of Commitment

I have applied to be part of the Young Achievers Program. If my application should be successful, I agree that I will:

(please tick)

	Meet with my mentor at least once a month, and communicate with my mentor on a regular basis
	Attend scheduled activities arranged with my mentor, and provide adequate notice of any changes to planned meetings
	Attend a minimum of 60% of Young Achievers Program workshops
	Use the scholarship funds for the purpose of educational, vocational or personal development
	Undertake a three-month probationary period at the beginning of the program
	Respect the confidentiality of my mentor and other program participants
	Behave in an appropriate, respectful and inclusive manner during program activities
	Not be under the influence of alcohol or drugs during scheduled activities or meetings
	Refrain from making requests for inappropriate images, asking inappropriate questions or sharing inappropriate content via social media. I understand that this behaviour will not be tolerated and will result in the termination of my participation
	Address any issues of concern with the mentor or the Youth Mentoring Coordinator
	Maintain contact with the Youth Mentoring Coordinator on a regular basis, including participation in regular check-ins regarding the mentor relationship
	Make the most of the Young Achievers Program by maintaining an open and positive attitude

I understand that failure to meet any of the above requirements may result in my removal from the program and my reimbursement of any scholarship funds received.

Name:

Signature:

Date:

Privacy Statement

Jewish Care Victoria is committed to protecting all personal and health information that we collect, hold and use in accordance with:

- The Commonwealth Privacy Act 1988
- The Victorian Information Privacy Act 2000
- The Privacy Principles under those Acts
- The Victorian Health Records Act 2001
- The Health Privacy Principles under that Act.

We collect and use personal and health information where necessary to process applications, provide relevant services and plan for client care and service delivery. We also collect and use personal information to provide services, administer relationships for internal purposes (such as procedural assessments, risk management, product and service reviews, research, staff training, accounting and billing) and to identify and inform clients of services that may be of interest.

Jewish Care will only disclose personal and health information to third parties:

- where this is for the purpose for which you have provided the information to us (for example, to facilitate the delivery of services), or
- for reasons closely related to that purpose and where that disclosure would be reasonably expected.

Other than for these purposes, we will only disclose information after obtaining further consent or when required to by law.

DECLARATION

I have read Jewish Care's Privacy Statement. I consent to the use by Jewish Care of the information contained in this application package for the purpose of assessing my application for the Young Achievers Program. I authorise Jewish Care to make any enquiry necessary to verify the information supplied in the application package.

Name:

Signature:

Date:

Publicity Consent Form

I, (name) **agree and consent** to the following:

I grant to Jewish Care (Victoria) Inc. ('Jewish Care') and its eventual successor(s) the following rights:

[TICK BELOW AS APPROPRIATE]

- ☐ To take/make photographs, film, digital recordings, video, likenesses, or footage of my visual image and/or voice ('the Representations');
- ☐ To record quotes, testimonials, interviews, or other comments by me ('the Statements'); and
- ☐ To copy, modify, adapt, distribute, publish, display, exhibit, reproduce, and otherwise use, in whole or in part, the Representations and Statements in current and future publicity in or on the following:
 - ☐ the Jewish Care website and Jewish Care social media sites; and/or
 - ☐ Jewish Care online and printed publications, including, but not limited to, its Annual Report, newsletter (currently termed 'My Connection'), and educational, advertising and promotional materials; and/or
 - ☐ one or more film, videotape, radio or multimedia productions.

I **understand and agree** that the Representations and Statements may or may not be accompanied by my name or by the mention of attributes that enable me to be identified, such as my age and place of residence.

I **understand** that if my name, Statements and/or Representations appear on the Internet, they will be accessible to Internet users worldwide.

I **understand** that once my approval has been given and my Representations and/or Statements appear on the Internet, Jewish Care has no control over their subsequent use and/or disclosure.

I **understand** that Jewish Care is not obliged to use my Representations and/or Statements.

I **understand** that I will receive no compensation for the use of my Representations and/or Statements.

I **understand** that I may withdraw my consent for Jewish Care to make use of my Representations and Statements at any time before they are made public, and that such a withdrawal of consent must be in writing.

(Persons who are under 18 or unable to understand this form must have it co-signed by a parent or guardian.)

Name:

The following details will not be published or divulged:

Address:

Email: Telephone:

Signature: Date:

Name of Parent / Guardian if under 18 years:.....

Signature: Date:

Parent/Guardian Consent Form

Dear Parent/Guardian,

Your child has applied to be part of Jewish Care's Young Achievers Program.

The Young Achievers Program aims to assist young people who are motivated and goal-oriented, but who may face some external challenges in their lives, to achieve their full potential.

The Young Achievers Program is a 12 month program that aims to assist young people to build self-esteem, develop leadership skills, develop links to community, and offer opportunities for personal and professional development.

This is provided via monthly meetings with the assigned volunteer mentor and regular attendance at group-based workshops and activities. Upon successful completion of program requirements, participants are eligible to apply for a scholarship of up to \$500 to support academic or vocational pursuits.

If your child is under the age of 18, we require your consent in order to process their application. By signing below, you agree that we may proceed with processing your child's application, in accordance with all confidentiality requirements and privacy laws.

Name of applicant:	
Name of parent/guardian:	
Residential address:	
Contact telephone:	
Signature:	
Date:	

Jewish Care is committed to protecting children and young people from harm.

All staff and volunteers working with young people are required to complete a Police Check and Working with Children Check, and undergo Safeguarding Children training.

Medical Information

Name:		Date of birth:	
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Please review the below and provide details where applicable:

Condition	Yes	No	Details
Asthma			
Allergies			
Dietary requirements (eg. vegetarian, intolerances)			
Injuries			
Disability/additional needs			
Prescribed medication			

Terms and conditions

It is your responsibility to advise us of any medical condition, disability, behaviour or other health need that requires any special treatment or attention. Jewish Care is committed to providing safe activities. We will take the utmost care to minimise potential risks. By participating in Jewish Care activities, you are assuming those risks personally and Jewish Care and its staff cannot be held responsible for personal injury or loss or damage to belongings.

Applicant name:

Signature:

Parent/Guardian name:

Signature:

Endorsement Form

To be completed by a teacher, career counsellor, principal or other adult who has known the applicant for a significant period of time and is willing to endorse their application.

The Young Achievers Program, consisting of a supportive mentor, group workshops and an academic scholarship, aims to assist talented and committed young people to achieve their full potential. It is important for us to understand why the applicant would be a good candidate for the program. Some considerations might include:

- Motivated and goal-oriented
- Has an identified passion or vision for the future
- A track record of commitment and service to the community
- Excellence in academic or extracurricular pursuits
- Desire for extension or self-development opportunities
- Limited opportunities for work experience and vocational development
- Limited meaningful connection with the wider Jewish community
- The experience of some challenge or other factor that may impact their ability to reach their full potential.

If you believe that the applicant meets the above criteria, please complete the endorsement questions below.

Endorsement provided by:

Name:	
Position:	
Phone:	
Email:	
Signature:	
Date:	



Youth Mentoring

<p>For approximately how long have you known the applicant?</p> <p>In what capacity do you know them?</p>	
<p>How can participation in the Young Achievers Program benefit the applicant?</p>	
<p>Places in the program are limited and highly sought after. What makes this person an outstanding candidate?</p>	
<p>Any other comments to support the candidate's application:</p>	

Thank you for taking the time to complete this endorsement.