

Youth Aspire

CHECKLIST:

Please include:

- ☐ Questionnaire
- ☐ Commitment Form
- ☐ Signed Privacy Consent Form
- ☐ Parent Consent form
- ☐ Publicity Form
- ☐ Medical Information
- ☐ Referral Form – Youth Aspire Mentoring Program

If you have any questions, please contact the Youth Aspire coordinator on 8517 5997 or email youthmentoring@jewishcare.org.au

***"Congratulations!
Today is your day.
You're off to Great Places!
You're off and away!"
— [Dr. Seuss](#),***



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Please complete the application by responding to all the questions below and attaching the documents referred to at the end of the application package. Please scan and email back.

The information contained in this package will remain confidential.

DETAILS OF APPLICANT

Name: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Country of Birth: _____

Languages Spoken: _____

Home phone: _____ Mobile: _____

E-mail: _____

School: _____

Year Level: _____ as of next year.

Contact Details of Parents/Legal Guardians:

Parent/Guardian's Name: _____

Parent/Guardian's Address (if different from above):



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MORE ABOUT YOU

1) What interests do you have – what do you like to do?

2) What role do you imagine a mentor might play in your life?

3) What would you like to do with your mentor?

4) What sort of person would you like to mentor you?



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5) Please describe three things that you feel you are good at.

6) Please list three things that you would like to be better at/do better in.

7) By meeting with your mentor, you will be entitled to a \$500 Scholarship. Do you have any ideas what you might use this funding for?

8) What is the best way for you to be contacted? Please circle

Whatsapp Mobile Text Email Other_____

Thank you for completing this section of the application pack.

APPLICANT'S COMMITMENT FORM

I _____ have applied for the Youth Aspire Mentoring Program and agree to the following, if my application is successful:

To catch up with my mentor at least once a month

☐

To attend scheduled activities arranged by my mentor

☐

To respect confidentiality within the program

☐

To behave in an appropriate manner during activities

☐

Not to be under the influence of drugs or alcohol during scheduled activities or appointments

☐

To address any issues of concern with either the mentor or the program coordinator

☐

To maintain contact with the coordinator of the Youth Aspire Mentoring Program on a regular basis

☐

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

☐

Signed: _____

Date: _____

Jewish Care - Privacy Statement

Jewish Care makes every effort to practice fair information handling in accordance with Federal and Victorian Government Privacy legislation, namely; Privacy Amendment (Private Sector) Act 2000 (National) Health Records Act 2001 (Victoria); and Information Privacy Act 2000 (Victoria)

The privacy of our clients is important to us and we are committed to continue to protect your information, maintain the integrity of that information, and control all access and use.

All information collected, will be used only for the primary purpose intended and where the intention includes confidentiality, information will be retained as such unless otherwise required by law.

To enable the continuity of some support services, we are obliged to forward information or create reports to other agencies or service providers. Disclosure of such information will only be performed within our written policies and limited to the intended purpose as agreed.

If you require more information about the way Jewish Care manages personal information or you wish to make a complaint about a breach of your privacy, please contact Jewish Care and ask to speak to our Privacy Officer on Telephone 8517-5777.

I _____ have read the privacy statement and consent to the use by Jewish Care of the information contained in this application package for the purpose of assessing the application for the Youth Aspire Mentoring Program 2020. I also authorise Jewish Care to make any enquiry necessary to verify the information supplied in this application package.

Sign: _____ Date: _____

PARENT/CARER CONSENT FORM

Dear Parent/Carer

Your child has made an application for the Youth Aspire Mentoring Program . The Youth Aspire Mentoring Program aims to assist young people who are motivated, but may face external challenges in their lives, to achieve their full potential.

The Youth Aspire Mentoring Program is a 12 month mentoring program that aims to assist young people to build their self-esteem, develop interpersonal skills and offer opportunities for personal and professional development.

This is provided through fortnightly - monthly catch up session with a volunteer mentor who will guide and encourage the young person. A number of group activities and workshops will also be available for the young person to attend.

If your son/ daughter is under the age of 18, it is necessary for us to receive your consent so that Jewish Care's Youth Aspire Mentoring Program may continue with processing the applications. By signing below, your son's/daughter's application will be processed confidentially.

Name of Applicant: _____

Name of Parent/Guardian: _____

Address: _____

Contact Number: _____

I agree to my child applying for the Youth Aspire Mentoring Program.

Signed: _____ Date: _____



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Jewish Care's Publicity Consent Form. Please read the following carefully:

I, [FULL 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.

MY DETAILS:

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

Name:

☐ Youth Aspire Mentoring Program

The following details will not be published or divulged:

Address:

Email: Telephone:

Signature: Date:

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

Signature: Date:



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Medical Information

Name: _____

Date of Birth: _____

Please select the following conditions that apply to you and provide details.

☐ Asthma: _____

☐ Allergies: _____

☐ Injuries: _____

☐ Prescribed Medication: _____

☐ Disabilities: _____

Anything else we may need to know (including dietary requirements):

Terms and Conditions

Medical/Physical Information

It is your responsibility to advise us of any medical condition, physical/mental disability or behaviour that requires any special treatment or attention.

Limit of Liability

Jewish Care Victoria 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 all staff cannot be held responsible for loss or damage to belongings and personal injury.

Parental Signature: _____

Young Person's Signature: _____

Please print name below

Please print name below



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Referral Form – Youth Aspire Mentoring Program

To be completed by a teacher / career guidance counsellor / principal or any other adult who has known the nominee / student for a significant amount of time

The Youth Aspire Mentoring Program (Youth Aspire) aims to assist talented and committed young people who may be at risk of not achieving their full potential.

It is important for us to know why this applicant would make a good candidate for the program. Some considerations might include:

- Financial difficulty
- Obstacles due to family circumstances
- Desire for personal development
- Openness to engaging with an adult as a mentor
- Limited opportunities for meaningful adult contact
- Limited opportunities for work experience and vocational development
- Limited meaningful connections with the wider Jewish community
- Benefit from a scholarship (\$500 at end of program)

If you feel that the applicant meets the above criteria, please provide a description of the circumstances of this applicant and how they can be assisted through the support of the Scholarship.

Endorsement provided by (please complete the following):

Name: _____

Position: _____

Date: _____

Contact Details:

Work Tel No: _____ Mobile No: _____

E-mail: _____



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Questions relating to your knowledge of the applicant:

For approximately how long have you known/been working with the applicant?

What role do you have in relation to the applicant?

Note: there is an expectation for the applicant to be eligible to commence and stay on the program, their key work must remain engaged with the applicant throughout the program

In what ways do you think a mentoring program will assist the applicant?

What do you see as the top three strengths/key interests of this applicant?



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What are the specific challenges that this applicant is experiencing?

What barriers are there (if any) to this applicant engaging with their mentor and the program?

Please list any recommended strategies to overcome these barriers



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What mentor elements/characteristics/skills/qualities might be a good match for this applicant

Any other comments:

Thank you for taking the time to complete form.