



Participant Application Form

Surname: _____

First Name: _____ Other name/s: _____

Previous/other names/maiden name: _____

Date of birth: _____ Sex: *Please circle* Male / Female

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Phone (BH) _____ Phone (AH) _____

Licence Number: _____ Expiry Date: _____

Emergency contact details (Please supply details for 2 emergency contacts. These should be responsible adults who, for example, can assist you to travel if necessary)

1.Name: _____

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Telephone (BH) _____ Telephone (AH) _____

Mobile: _____

2.Name: _____

Address: _____

Town/suburb: _____ State: _____ Postcode _____

Telephone (BH) _____ Telephone (AH) _____

Mobile: _____

Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation? YES NO



LEAP PARTICIPANT REGISTRATION FORM

CONDITIONS OF PARTICIPATION

I agree to comply with the following terms that refer to my participation in all projects and activities:

1. I have notified the Project Manager of any relevant medical conditions and pre-existing injuries, and I consent to the Project Manager rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am a participant in the LEAP (Learner Education Assistance Program).
3. I will not smoke, consume or store alcohol or illicit drugs while participating in the program.
4. I shall respect the rights, feelings and property of all others associated with LEAP.
5. I shall cooperate with the Project Manager and Volunteers to ensure a safe, happy and hygienic team environment.
6. My placement in the project is at the discretion of the Project Manager.
7. Photographs or videos taken of me on a project may be used by the Committee for promotional purposes. Yes No
8. I understand that the payment for the program must be paid in full prior to commencing the program, and this is non-refundable.
9. I will notify the Project Manager at least 24 hours before the start of my session if I am unable to attend.
10. I will give the Project Manager one weeks' notice if I decide to withdraw from the Program.

SIGNATURE: _____

DATE: ____/____/____

BINC STAFF: _____