

## WOMEN'S LEADERSHIP DEVELOPMENT PROGRAM

# INFORMATION PACKAGE AND REGISTRATION

Thank you for your interest in becoming a **Pathways into Womanhood** Leader. Demand for Pathways programs is growing rapidly and this is a great opportunity to join a high impact social venture. This training program will be exciting and experiential and is designed to tap into your individuality and creativity.

The major outcomes you will gain from attending this training:

- 1) You will have a significant personal experience that will allow you to look at the major priorities in your life and how you want to live and be in the future and this personal growth will create new possibilities for you as a leader personally and professionally.
- 2) You will be introduced to the Pathways programs and potentially have an opportunity to continue on and become a paid Pathways Leader

Please note that this training is specifically designed as a standalone process, if you do not proceed to further to participate on the Pathways Foundations programs, you will still gain enormous value from the experience that will be of great assistance in many other areas of your life.

**Becoming a Pathways Leader** will enable you to provide a much needed service to your community. **It is not** a substitute for full time employment. Once you have completed your training the wage paid to you as a Camp Leader will support you to maintain your income whilst you're away from your other employment.

As we have limited places and need to assess all applications please ensure we receive your registration paperwork as soon as possible. Please read this document carefully and answer the questions in the registration form if you wish to proceed.

**Pathways** is unique in the way that we approach facilitating Rites of Passage for girls in Australia. The girl and her mother or mentor attend a program where the girls are challenged physically, mentally and emotionally. The girls have the opportunity to hear women's stories and ask questions.

Here she can be acknowledged and heard, her intrinsic qualities seen and appreciated and her future inspired by the stories of older women. This time has the potential to nurture and strengthen the mother-daughter bond, and facilitate an appreciation of difference amongst her peers, as she enters a time of great change.

Importantly, the girls are outnumbered by grown women who are all working together for the benefit of the girls and are interested in their future. Results have been outstanding with excellent feedback from parents, teachers and the girls themselves as well as showing improved performance at school, impacts of screen time, decreased usage of drugs and alcohol, better family relationships and higher self esteem.

Pathways Foundation Limited P.O Box 416, Narooma, NSW 2546 ABN: 46 103 232 382

www.pathwaysfoundation.org.au

 E: admin@pathwaysfoundation.org.au

### **About the Training**

To become a Pathways Leader you will have to complete a two stage training process. Stage one is a four day residential camp Leadership Training. On this camp you will be trained by women who are experts in the field of contemporary Rite of Passage work for girls in Australia, and you will:

#### Be provided with opportunity for professional development

- Enhance your leadership and management skills
- Be guided through an experiential training process
- Be challenged to use your creativity and problem solving skills.
- Learn innovative techniques and form new links with other people who seek the same goals of a
  positive future for our youth.
- Overcome personal challenges in a supportive environment.
- Increase your personal capacity to facilitate groups.
- Working effectively in a team environment

#### Learn about the 'Pathways to Womanhood' program

- Learn about the Pathways Foundation and its philosophy
- Learn practical skills required to run Pathways programs

#### Understand our training process.

- Be given clear direction of your development track
- Be provided with ongoing mentoring to support you in becoming an effective leader.
- Be provided with an extensive resource booklet

At the completion of **stage one** you will be assessed by the Leadership team to determine if you are ready to progress to stage two of the training. You will be offered feedback and coaching to further develop your leadership skills and experience.

**Stage two** consists of being mentored and trained on a minimum of three programs. Over the duration of these three programs you will be given clear roles and responsibilities which will enable you to be assessed against predetermined criteria. It is envisaged that after three programs you will have had an opportunity to be mentored in all aspects of Rites of Passage technology.

#### If I've done this sort of work before - will I be recognised for this?

We are working on a spiral model that allows women to be recognised for prior experience and to progress at a pace that is appropriate to their experience and skills. The entry point for these women is to attend stage one of the training and once into stage two they will be able to demonstrate their readiness to progress quickly and be recognised accordingly.

#### The development track

All trainees will have a file that will clearly show where they are up to on the development track at the end of each program. These files will be stored in the National Training Office and be available to the trainees upon request. All files will remain strictly confidential.

#### How much does it cost?

The total cost of the four day training, inclusive of food and accommodation \$1,350.00 Stage two of the training costs \$200.00 per program

If you require assistance, please contact the Pathways Office on

1300 850 766 or admin@pathwaysfoundation.org.au to find out more.

# Women's Leadership Development Program Registration and Consent Form

Progra	m Locat	ionProgram Date
Name		
Addres	SS	
State		Postcode
Phone	Mobile	
Home		
Work		
Email		
Occup	ation	Date of Birth
•	I hereby the cour I unders immedia appropr I further or reaso or hosp	e to known risks, all hazards and dangers associated with these activities cannot be nor may be beyond the control of Pathways and its staff.  Indemnify Pathways and its staff against any claim for accident or injury to me during see of the program.  It and that my involvement in the Pathways Program may mean that I am remote from ate medical help. I have provided Pathways with enough written information to deal ately with any medical conditions that I have.  authorise Pathways, in the event of any injury or illness, and where it is not possible to obtain my consent at the time, to engage a Medical Practitioner, Ambulance tal facilities. In this event I agree to pay all such emergency evacuation, Ambulance, Nurse and /or hospital expenses.
		, have read and completed all the information sent to me from bundation in relation to the training which will be held at
Signatu	ıro	Data

## CHILD PROTECTION

In keeping with our Child Protection Policy we screen all applicants.	
Do you agree to a Police check?	Yes/No
Are you a prohibited person?	Yes/No
In relation to Child Protection Policy, is there anything in your	
past that could have any bearing on your working with children?	Yes/No
If yes, please give details.	
In relation to Child Protection Policy, are there any persons who may	
object to or have any concerns about you working with children?	Yes/No
If yes, please give details.	

## PERSONAL HISTORY INFORMAITON

1.	Briefly outline your work history and qualifications.
2.	What experience have you had with group leadership?
3.	What experience have you had working with youth or families?
4.	Do you have any teaching or group work qualifications?
5.	Do you have a senior first aid certificate?
6.	Do you have any experience in bush craft, camping, wilderness expeditions or community building?
Add	any further information you feel is relevant.

## **MEDICAL FORM**

Name				
Pathways programs i aware of or are you			medical condition that we need to be Yes / No	
If YES please give de	etails			
Name and number o	of person to be contacte	ed in case of emerg	ency	
Name of GP and cor	ntact information			
The following information may prove useful in the event of a medical emergency or in determining a participant's fitness for a given activity.				
Do you experience (	please tick)			
Seizures□	Heart condition	Diabetes □	Migraine □	
Dizzy spells □	Sleep disorders □	Blackouts	Epilepsy □	
Travel sickness	Disability □	Recent or recurr	ent illness	
Is there any other in	formation we need to k	now? YES / N	0	
If YES to any of the above please elaborate				
Do you have any die	etary needs?			
I hereby declare that	the above information is t	true and correct.		
Signed		Date		

## **ALLERGY FORM**

Name				
Have you ever had	d an allergic reaction?	Yes /	/ No	
If yes, please comp	plete below:			
	□ Plant pollens □ Food ase specify)		□ Food groups or additives □ Detergents or cleaning agents	
•				
What is your Trea	tment Plan? (please ensul	re you carry requi	ired medication with you at all times)	
	Medication	ı	Dosage	
Prevention				
Treatment during reaction				
Treatment after reaction				
Four vital questions  Is the reaction local or general? Have you ever been hospitalised due to an allergic reaction? Is the reaction life threatening? Do you have an anaphylactic reaction to your allergy? Is adrenaline administered when you have had an allergic reaction?  If yes please give details below				
Is there any other information we need to know? Yes / No				
Signed			Date:	

## **ASTHMA FORM**

Name			
Do you have asthma	a? Yes / No		
	of vital importance in the ev	ent of an asthma attack, as occurately and with as much o	
What may trigger ar	asthma reaction? (food, ex	xercise, cold weather, pollen)	
What are your usual	I symptoms? (wheezing, co	ughing, tightness in chest, dif	ficulty breathing, other)
	• • •		
Your Asthma Manaç	gement Plan? (please ensur	e you carry required medicati	on with you at all times)
	Medication	Dosage	How often?
Preventative			
Reliever			
Treatment during an attack			
		<u> </u>	
Do you require asth	Do you require asthma medication most weeks of the year?  Yes / No		
Have you been adm	itted to hospital due to astl	hma in the last 12 months?	Yes / No
Do you suffer from s	sudden asthma attacks req	uiring hospitalisation?	Yes / No
Is there any other in	formation we need to know	v?	Yes / No
Signed		Date:	

## Women's Leadership Development Program Payment Terms

#### **Pathways Foundation Payment Terms and Refund Policy**

Please note that **Pathways Foundation** is a non-profit organisation. We often have waiting lists for our programs AND we find it very difficult to fill places at short notice. We incur a lot of overheads and aim to keep costs for participants as low as possible. For this reason, we have the following payment terms and refund policy:

- 1 The cost of stage one of the Women's Leadership Development Program is \$1.3500.
- 2 Full payment, part payment or a minimum program deposit of \$600 must accompany this form to secure your position.
- 3 The \$600 program deposit is NON REFUNDABLE, however should your application be unsuccessful then a full refund of your money will be made.
- 4 You are required to pay the balance of your fees 4 weeks prior to the commencement of the program.
- 5 If you cancel your booking 6 weeks or more prior to the commencement of the program:
  - a. You may transfer your deposit and other paid fees to another scheduled program.
  - b. You may ask for your deposit and other paid fees to be held until you nominate another program to transfer your fees to. Your paid fees will be held for a maximum of 12 months from the time of cancellation, after which the fees will no longer be transferable and will be treated as a cancellation fee by Pathways Foundation.
  - c. You may ask, at the time of cancellation, for your paid fees, other than your non-refundable deposit, to be refunded.
- 6 If you cancel your booking less than 4 weeks prior to the commencement of the program:
  - a. If the program was at its maximum participant number for that site, Pathways Foundation will review its waiting list. If a replacement can be found the deposit and other paid program fees will be treated as transferable.
  - b. If the program had not reached its maximum participation number the deposit and any paid fees will be NON REFUNDABLE and treated as a cancellation fee as the program will run incurring full food, personnel and site costs.
  - c. If there are extenuating circumstances leading to a cancellation within 4 weeks of the program commencing, any deposit and program fees MAY be treated as transferable on the approval of either the Operations Manager. Please provide Pathways Foundation with a written request detailing the circumstances of your cancellation.
- 7 These terms are current as at Jan 2017.

Payment options next page.

Please refer <u>www.pathwaysfoundation.org.au</u> to ensure you have the latest registration form and terms. Prices may be subject to variation.

I have read and understood these payment terms and conditions.			
Signed	Date:		
Please return all forms to: Pathways Foundation, PO Box 416 Narooma NSW 2546			
FAX: (02) 8221 9474 or via EMAIL: admin@pathwaysfoundation.org.au			

#### **ACCOUNT PAYMENT OPTIONS**

You can pay your \$600 deposit by the following methods:

- 1) Pay by cheque or money order made payable to Pathways Foundation Limited
- 2) Pay by internet transfer Account name: Pathways Foundation Limited,

BSB: 082 729 Account number: 551 510 453

#### Please put your last name in the subject line and email or fax deposit notification

3) Pay by **credit card** by completing the details below and returning this form to us by fax or mail.

Your Name:					
Address:	Address:				
Telephone contact num	Telephone contact number:				
Credit Card Information: Card type:					
☐ Bankcard	☐ Mastercard		□ Visa		
Account No:					
Name on card:					
Amount to be charged to the above account: \$					
Signature	SignatureExpiry date/				

Please return all forms and deposit to:

Please return all forms to: Pathways Foundation, PO Box 416 Narooma NSW 2546

FAX: (02) 8221 9474 or via EMAIL: admin@pathwaysfoundation.org.au