

WOMEN'S LEADERSHIP DEVELOPMENT PROGRAM

INFORMATION PACKAGE AND REGISTRATION

Please note that this training is specifically designed so that even if you have nothing further to do with the Pathways Foundations and its programs, you will still gain enormous value and insights from the experience that will be of great assistance personally and professionally.

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. Outcomes for women who attend also have a significant personal growth experience as women and parents.

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.

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** camps

Understand our training process.

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

Learn about global responses to girls becoming young women

- Discover the commonalities of Rites of Passage around the world
- Hear first hand accounts of highly qualified people working in this field around Australia.

At the completion of stage one you will be offered feedback and coaching if you decide to move forward with the organisation to further develop your leadership skills and experience. This will entail being offered opportunities to attend Pathways programs as a volunteer member of the facilitation team being mentored and coached in all aspects of contemporary 'Rites of Passage'.

Many of the skills developed in this program are transferable to both personal and professional areas of your life. If you wish to give back to the future of our communities while developing your personal power this is an exciting opportunity for personal growth.

How much does it cost?

The total cost of the four day training, inclusive of food and accommodation \$1,350.00

Women's Leadership Development Program

Registration and Consent Form

Program Location _____ Program Date _____

Name _____

Address _____

State _____ Postcode _____

Phone Mobile _____

Home _____

Work _____

Email _____

Occupation _____ Date of Birth _____

- I acknowledge that while Pathways and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Pathways and its staff.
- I hereby indemnify Pathways and its staff against any claim for accident or injury to me during the course of the program.
- I understand that my involvement in the Pathways Program may mean that I am remote from immediate medical help. I have provided Pathways with enough written information to deal appropriately with any medical conditions that I have.
- I further authorise Pathways, in the event of any injury or illness, and where it is not possible or reasonable to obtain my consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.

I, _____, have read and completed all the information sent to me from the Pathways Foundation in relation to the training which will be held at _____ on the dates _____

Signature _____ Date _____

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 INFORMATION

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 involve outdoor activities.

Do you have any medical condition that we need to be aware of or are you on any medication?
YES / NO

If YES please give details _____

Name and number of person to be contacted in case of emergency _____

Name of GP and contact 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 <input type="checkbox"/> | Heart condition <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Migraine <input type="checkbox"/> |
| Dizzy spells <input type="checkbox"/> | Sleep disorders <input type="checkbox"/> | Blackouts <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Travel sickness <input type="checkbox"/> | Disability <input type="checkbox"/> | Recent or recurrent illness <input type="checkbox"/> | |

Is there any other information we need to know? YES / NO

If YES to any of the above please elaborate _____

Do you have any dietary needs?

I hereby declare that the above information is true and correct.

Signed _____ **Date** _____

ALLERGY FORM

Name _____

Have you ever had an allergic reaction? YES / NO

If yes, please complete below:

What may trigger an allergic reaction?

- Insect bites Plant pollens Plants Food groups or additives
- Penicillin Food Animals Detergents or cleaning agents
- Other drugs (please specify)
- Other allergies (please specify)

What are the signs and symptoms of your reaction?

.....

.....

.....

What is your Treatment Plan? (please ensure you carry required medication with you at all times)

	Medication	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? YES / NO

If **yes**, please complete below.
(This information is of vital importance in the event of an asthma attack, as it will assist in the speedy provision of correct treatment. Please complete accurately and with as much detail as possible).

What may trigger an asthma reaction? (food, exercise, cold weather, pollen)

What are your usual symptoms? (wheezing, coughing, tightness in chest, difficulty breathing, other)

Your Asthma Management Plan? (please ensure you carry required medication with you at all times)

	Medication	Dosage	How often?
Preventative			
Reliever			
Treatment during an attack			

Do you require asthma medication most weeks of the year? YES / NO

Have you been admitted to hospital due to asthma in the last 12 months? YES / NO

Do you suffer from sudden asthma attacks requiring hospitalisation? YES / NO

Is there any other information we need to know? 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:

The cost of stage one of the Women's Leadership Development Program is \$1,350.00 includes all food, accommodation and facilitation.

- 1 You are required to pay a \$600 deposit for the training when you send in your registration form.
- 2 The \$600 program deposit is NON REFUNDABLE, however should your application be unsuccessful then a full refund of your money will be made.
- 3 You are required to pay the balance of your fees 4 weeks prior to the commencement of the program.
- 4 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 leadership 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.
- 5 If you cancel your booking less than 6 weeks prior to the commencement of the program the deposit and other paid camp fees will be NON refundable and will be treated as a cancellation fee UNLESS there are extenuating circumstances leading to a cancellation. Please provide Pathways Foundation with a written request detailing the circumstances of your cancellation to be reviewed.

Please refer www.pathwaysfoundation.org.au to ensure you have the latest registration form and terms. Prices may be subject to variation. These terms are current as at Jan 2017.

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: 082 522
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:
Telephone contact number:
Credit Card Information: Card type:
<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account No:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name on card:
Amount to be charged to the above account: \$
Signature Expiry date/.....

Please return all forms and deposit to:

**Pathways Foundation,
PO Box 416
Narooma NSW 2546**

Fax: (02) 8221 9474
E: admin@pathwaysfoundation.org.au