

# MEN'S LEADERSHIP TRAINING INFORMATION PACKAGE



Thank you for your interest in becoming a **Pathways to Manhood** Camp 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.

You will gain two major outcomes as a result of 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.
- 2) You will be introduced to the Pathways Programs and potentially have an opportunity to continue on as a camp leader and volunteer.

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 from the experience that will be of great assistance in many other areas of your life.

**Becoming a Pathways Camp 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 application form if you wish to proceed with the application process.

Pathways is unique in the way that we approach facilitating Rites of Passage for boys in Australia. The boy and his father or mentor attend a bush camp where the boys are challenged physically, mentally and emotionally. The boys have the opportunity to hear men's stories and ask questions. Importantly the boys are outnumbered by grown men who are all working together for the benefit of the boys and are interested in their future. Results have been outstanding with excellent feedback from parents, teachers and the boys themselves as well as showing improved performance at school, decreased usage of drugs and alcohol, better family relationships and higher self esteem. There is also a female equivalent of this Program called Pathways into Womanhood. Check the web site for more details.

## ABOUT THE TRAINING

To become a Pathways Camp Leader you will have to complete a two stage training process. Stage one is a four day residential camp. On this camp you will be trained by men who are leaders in the field of Contemporary Boys' Rite of Passage work in Australia.

You will:

**Be provided with an 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.

**Learn about the award winning Pathways to Manhood Program**

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

**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 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 the 'Rites of Passage' technology.

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 is \$1,350.

**Men's Leadership Training Program**

**REGISTRATION AND CONSENT FORM**

Training Camp Location \_\_\_\_\_ Training Camp Date \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_

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 \_\_\_\_\_

**Signed**.....

**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.

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 .....

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.

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**PERSONAL HISTORY INFORMATION**

1. Briefly outline your work history and qualifications.

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2. What experience have you had with group leadership?

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3. What experience have you had working with youth or families?

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4. Do you have any teaching or group work qualifications?

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5. Do you have a senior first aid certificate?

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6. Do you have any experience in bush craft, camping, wilderness expeditions or community building?

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**MEDICAL FORM**

**Name:** .....

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

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

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Name of GP and contact information:

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*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 suffer from any of the following: (please tick)**

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| Fits of any kind <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"/> |                                   |

Any other information which we may need to know?

**Yes / No**

*If YES to any of the above please specify*

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Do you have any dietary needs?

**Yes / No**

*If YES please specify*

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

**Signed**..... **Date:** .....

**ALLERGY FORM**

**Name:** .....

**Please tick this box if you DO NOT suffer from allergies.**

*Please complete this form if you have ever suffered from an allergic reaction to:*

- |   |  |                                  |  |
|---|--|----------------------------------|--|
| <input type="checkbox"/> insect bites                   | <input type="checkbox"/> plant pollens | <input type="checkbox"/> plants  | <input type="checkbox"/> food groups or additives      |
| <input type="checkbox"/> Penicillin                     | <input type="checkbox"/> Food          | <input type="checkbox"/> Animals | <input type="checkbox"/> detergents or cleaning agents |
| <input type="checkbox"/> other drugs Which drugs? ..... |  |                                  |  |
| <input type="checkbox"/> other allergies .....          |  |                                  |  |

What are the signs and symptoms of your reaction?

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**Four vital questions**

- Do you suffer a systemic reaction to their allergy?
- Do you suffer an anaphylactic reaction to their allergy?
- Have you ever been hospitalised due to an allergic reaction?
- Is adrenaline administered when you suffer from an allergic reaction?

If yes has been answered to any of these questions please provide details.

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What medication do you take (if any) for prevention against allergic reaction?

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What treatment is followed for you if an allergic reaction occurs?

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Extra information attached

**Yes / No**

**Signed**..... **Date:** .....

**ASTHMA FORM**

**Name:** .....

- Please tick this box if you DO NOT suffer from asthma.**

*This information is of vital importance in the event of an asthma attack, as it will assist in the speedy provision of correct treatment. This form must be completed you if are a known asthma sufferer.*

Is preventative medication used regularly?

**Yes / No**

If yes which one (s)? .....

Has a medical maintenance Program been worked out with your doctor in order to reduce the frequency/severity of attacks?

**Yes / No**

If yes, what is the normal maintenance Program followed by you?

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Are you on any reliever medications?

**Yes / No**

If yes please give details .....

What is the medication and treatment to be used during an attack? Please make sure you carry this with you during the Program .....

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List any known asthmatic trigger factor (s) experienced by you.

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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**

Extra information attached

**Yes / No**

**Signed**.....**Date:** .....

## PAYMENT TERMS

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

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

The total cost of the Men's Leadership Training Program is \$1,350 which includes 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](http://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 2019.

I have read and understood these payment terms and conditions.

**Signed**..... **Date:** .....

## LEADERSHIP TRAINING REGISTRATION PAYMENT OPTIONS

To secure your place please pay the \$600 Deposit with this Registration Form.

Please click below for Payment Options via direct debit, PayPal or credit card.

[Pay Deposit Now](#)

You will need to enter in your SURNAME then the code **Leaders** so we can track your deposit.

Please ensure you email your receipt to us at [admin@pathwaysfoundation.org.au](mailto:admin@pathwaysfoundation.org.au)

Thank you!