

PROGRAM

GOLDFIELDS GIRL 2021



Please complete **ALL** sections of your entry form, if you have any questions please don't hesitate to contact program staff for assistance.

PARTICIPANT DETAILS:

Title:	First name (legal):	Preferred name:
Current Age:	Last name (legal):	Middle name/s (legal):
Date of Birth:	Please identify the Traditional Owner group/s that you identify with:	

I am of Aboriginal &/OR Torres Strait Islander decent - Yes I legally identify as a female - Yes

I am from the Goldfields region OR have been a permanent resident of the Goldfields region for a minimum of three years - Yes

If the above statements do not apply to you, than you are not eligible to enter the program.

CONTACT DETAILS:

Residential Address (number and street):	Residential Suburb:	State:	Postcode:
Postal Address: Please tick if same as residential address <input type="checkbox"/>	Postal Suburb:	State:	Postcode:
Mobile Number:	Alternative Number:		

Email Address:

OTHER IMPORTANT DETAILS:

Do you have any medical conditions or dietary requirements?

NO

YES If yes, please provide further information:

When sourcing clothing for the program we need to know your sizes , please assist us by providing the following information .

Size - shirt:

Size - Skirt:

Measurements - Waist (inches):

Measurements - Height (inches):

Unique Student Identifier:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This information is **required** for training purposes, if you don't have a USI number, please tick

LEADERSHIP QUALIFICATION: Do you hold a qualification in Leadership - Certificate II or higher YES NO

PARENT/GUARDIAN/NEXT OF KIN/ EMERGENCY CONTACT DETAILS:

Name:	Relationship:		
Residential Address (if different to yours):	Residential Suburb:	State:	Postcode:
Mobile Number:	Alternative Number:		
Email Address:			

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