



EMMANUEL COLLEGE
 Within The University of Queensland
 Sir William MacGregor Drive
 St Lucia QLD 4067
 Email: k.mcmahon@emmanuel.uq.edu.au

Telephone: **07 3871 9100**
 International: + 61 7 3871 9100
 Facsimile: **07 3870 7183**
 International: + 61 7 3870 7183

Website: www.emmanuel.uq.edu.au
www.foundationyear.com/CHRYSALIS

APPLICATION FOR CHRYSALIS YOUNG LEADERS’ PROGRAM: WHERE TOMORROW’S LEADERS EMERGE TODAY

This is an exciting opportunity for senior high school students from Australia and the Asia-Pacific to come together for a fun and stimulating week of leadership education, extra-curricular and recreational activities.

What the program offers:

- 7 or 8 nights accommodation and all meals in single room accommodation at Emmanuel College
- An exciting leadership program with inspiring speakers and group activities
- Bus transfer daily to IES premises and participation in “Second Life” activities
- Excursions to Australia Zoo and trip to Dreamworld
- Recreational facilities at The University of Queensland
- Gated security and pastoral care within the College

I would like to apply for:

Please indicate your preference by ticking your selection			
	8 day program		7 day program
	\$1,350.00 AUS		\$1,200.00 AUS

Please advise how you heard about the Summer School:

	Web		Advertising
	School staff		Agent
			Friend
			Other – Please state:

Applicant's Details:	
First Name:	Family Name (BLOCK LETTERS) :
Preferred Name:	
Date of birth (day/month/year):	Sex:
Town and country of birth:	
Nationality:	
Name of Current School:	
Present residential address (PLEASE PRINT CAREFULLY):	State:
	Postcode:
Telephone: ()	Mobile telephone:
Email:	

FAMILY DETAILS

Father's details:	
Title:	Work telephone: ()
Father's surname:	Home telephone: ()
Father's first name:	Mobile telephone:
Present residential address (PLEASE PRINT CAREFULLY):	State:
	Postcode:
Email:	

Mother's details:	
Title:	Work telephone: ()
Mother's surname:	Home telephone: ()
Mother's first name:	Mobile telephone:
Present residential address (PLEASE PRINT CAREFULLY):	State:
	Postcode:
Email:	

Emergency contact:	
Title:	Work telephone: ()
Contact's surname:	Home telephone: ()
Contact's first name:	Mobile telephone:
Relationship:	
Present residential address (PLEASE PRINT CAREFULLY):	State:
	Postcode:
Email:	

TRAVEL HEALTH INSURANCE

If international, please provide details of travel health insurance.	
Name of fund and membership number	

If Australian, please provide the following:	
Medicare number	Member of private fund? Yes / No
Name of fund and membership number	

AIRPORT PICKUP

Do you require airport pickup?	Yes / No
--------------------------------	----------

To protect the applicant from possible embarrassment, but not to exclude her/him from the program, the following information is required:

Does the applicant suffer from anything leaders should know about, such as asthma, allergies, convulsive seizures, bee sting reaction, etc? If so, please provide details below.	
Has the applicant been in contact with anyone with any 'communicable disease', eg, measles, mumps, chicken pox, within the last 21 days? If so, please provide details of disease.	
Date of last Tetanus immunisation:	
Has the applicant ever had penicillin? Yes / No	Was there an allergic reaction? Yes / No
If the applicant is allergic to any other drug / medicine, please provide details below.	
Does the applicant have any regular prescribed medicine? If so, please provide details below.	
Are there any dietary or physical problems which we should know about? If so, please provide details below.	
Any other information which may be useful.	
If you fail or neglect to provide sufficient and current information in writing, no liability will be accepted for any injury or illness which the applicant may suffer as a result. Attach separate sheet if necessary.	

