

## COCKBURN YOUTH LEADERSHIP PROGRAM PARTICIPANT NOMINATION FORM

### Part A (to be completed by a parent or guardian)

|                        |  |
|------------------------|--|
| Participant Name       |  |
| School (if applicable) |  |
| Parent/Guardian Name   |  |
| Mobile                 |  |
| Work phone             |  |
| Email                  |  |

This program runs from 11 April – 1 May and participants are required to attend all elements of the program:

#### **Interactive program series**

11, 12 & 13 April

8.30am – 4pm – Murdoch University, South St campus.

#### **Follow up workshops**

20 & 27 April

4pm – 5.30pm

Cockburn Youth Centre

#### **Graduation Ceremony**

1 May

5.30pm

Murdoch University, South St campus

Further details about the program will be sent to successful applicants.

I am aware that my child is submitting this application. To the best of my knowledge he/she will, if selected, be able to participate fully in the Cockburn Youth Leadership Program.

|                              |  |
|------------------------------|--|
| Name of Parent/Guardian      |  |
| Signature of Parent/Guardian |  |
| Date                         |  |

Please note that costs covered by the program include transport to the 3-day program at Murdoch University, food and program activities.

**Part B (to be completed by the nominating adult)**

The Cockburn Youth Leadership Program aims to attract young people who have a good understanding of their personal ambitions and interests, a willingness to learn and grow and have shown leadership capacity or potential.

Please share an example under each heading which highlights the character of the young person you are nominating.

*NB: Nominators should not be related to the young person they are nominating.*

|   |  |
|---|--|
| Participant's Name                        |  |
| A. Has a willingness to learn and grow    |  |
|   |  |
| B. Has leadership experience or potential |  |
|   |  |
| C. Works cooperatively in a group         |  |
|   |  |

|   |  |
|---|--|
| D. Can communicate effectively with his/her peers and is willing to share ideas |  |
|   |  |
| Nominator's Name  |  |
| Signature of Nominator  |  |
| Relationship to Participant   |  |
| Contact Phone Number  |  |
| Email   |  |