

* Do you want to take the next step in your community and be more involved with other youth?
* Do you want to be a leader and gain some real life skills?
* Are you aged 16-30 years, have a bleeding disorder, carry the gene or have a sibling with a bleeding disorder?

**Become involved in the Youth Lead Connect Program!**

 **HFA’s Youth Lead Connect (YLC) will be running again in 2017!**The YLC program builds education and life skills, as well as benefitting both the individual and their community over their lifetime by building personal skills and creating ongoing connections.

In a weekend training program, you will build practical life and leadership skills which you can then put on your resume and use in the community. Upon completion of the program you will then receive a formal certificate.

**What does this program involve?**

* Apply by completing the attached form
* An initial face-to-face training weekend will be provided
* Training will include building skills on leadership, effective and strategic communication, social competence, peer support and mentoring, as well as training on promoting Factored In. The weekend will also include creative workshop and guest speakers.
* You must have a current Working With Children’s Check, or you will need to apply for one when you are accepted into the program.
* Complete **Leadership Achievement Goals** in the community over a 12 month period.
* Once you have successfully completed the Program, you will be awarded a certificate and encouraged to attend ongoing state/territory events in a mentoring and leadership capacity.

Becoming involved in the YLC program has seen some youth evolve their Leadership Achievements being an **active Foundation committee member**, a **vital volunteer position**, and **effective leaders** and **youth advocates.

HOW DO I APPLY?**

1. Complete this application form by explaining why you want to be involved
2. Email it to Hannah Opeskin, HFA Health Promotion Officer at hopeskin@haemophilia.org.au or or via fax: 03 9885 1800 **by 13 January 2017**
 ***Youth applying to the program must be available for the training weekend which will be held on the 18 & 19th February 2017***



**APPLICATION FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] *I have a bleeding disorder, carry the gene or I am a sibling of someone who has a bleeding disorder*

**REFEREES**

Please list someone from your State/Territory Foundation or your Haemophilia Treatment Centre whom you believe can recommend you for this program. They need to be able to explain why you would benefit and what you would bring to the training group.

This person cannot be related to you and if this person is from your Foundation, they must sit on the Foundation Board or Committee, or be an employee of the Foundation.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOUNDATION OR TREATMENT CENTRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make sure you contact this person and get permission BEFORE you write their name on the form as HFA may contact this person to find more about you!***

**ARE YOU UNDER 18?**

If you are under 18 please confirm you have parental permission to attend by getting your parent or guardian to complete this section:

PARENT OR GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_ to be involved in this program and attend the training weekend

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
 Signature Date

**ABOUT YOU**

*Please answer the below questions.*

1. Describe an experience of living with a bleeding disorder that you feel has shaped who you are today.

2. Describe or list any activities that you have been involved within the bleeding disorders community in the past year.


**THE PROGRAM**

1. Why do you want to participate in this program?
2. What part of the program interests you most and why? 

**YOUR INTENTION**

1. What do you want to achieve in the bleeding disorders community or in your personal life and how do you see this program helping you get there?

2. What skill(s) do you think you excel at and how do you think you could use this to benefit others in the community?

3. What particular skill(s) do you have that you would like to improve on or build?
How could you use this skill to benefit the community?
**

**Complete this form by 13 January 2017 by emailing it to Hannah Opeskin:** **hopeskin@haemophilia.org.au** **or via fax: 03 9885 1800.**

**Successful applicants will be notified on 30 January 2017.**

For further questions please contact Hannah Opeskin, HFA Health Promotion Officer:
 hopeskin@haemophilia.org.au or 1800 807 173

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