THE OTAGO MASONIC CHARITABLE TRUST

In conjunction with the PEEL FOREST OUTDOOR CENTRE

YOUTH DEVELOPMENT PROGRAMME **APPLICATION FORM - 2023**

Full Names					
Postal Address					
		Postal Code			
	T.B	Ni 14			
Contact Phone	Day	Night			
Mobile Phone					
Your email					
Contact email					
Date of Birth	Gender				
School					
Dietary Informati	ion				
Food Allergies / Intolerances;					
Do you have any of the following dietary requirements?					
Vegetarian, Vegan, Dairy Free, Gluten Free.? If so please give details below ◆					
S					
Behavior; Do you have any history of behavioral issues?					
Such as ADD, ADHD, aggression or difficulty functioning with others If Yes, Details;					
Criminal History:	; Have you any criminal con	victions, incl. youth court ? Y/N			
Are you under any current bail conditions, or have charges pending? Y/N					
Note: If any charges arise after submitting the Application you are obliged to advise the Trust immediately.					
If Yes, Details;					
Medical Issues; do you have any health issues?					
If accepted ALL Participants are required to complete a separate medical form.					

Disclosure of this information may not necessarily influence acceptance or declinature. *Please* Read the Guidelines before submitting Application

Why do you want to attend this course?						
and what do you hope to get out of the Course?;						
Course Dates;	9 to 16 Decemb	er 2023				
Please READ this Dec	laration and SIGN	l below;				
I, the undersigned, hereby declare that the information provided in this application to be true and correct.						
I agree to comply with the conditions relative to participating in the course. I understand the Otago Masonic Charitable Trust is under no obligation to accept any application, and is not required to explain or justify the decision. The Trust will make its						
decisions based on the standards set for the objectives of the course. I agree that my name may be used by The Otago Masonic Charitable Trust, in advertising, publicity, or in Reports.						
All information will be treated w	ith the utmost confidenti	ality at all times.				
Signed;		Date.	1	1		
Print Name:						
REMINDER: The completed Application F	orm must be receive	d by the Secreta	rv of the	Otago		
Masonic Charitable Trust, b		=		9 °		

LATE APPLICATIONS MAY NOT BE CONSIDERED.

Course Cost \$100 = Must be Paid before course commences.

Application will not be considered until a Reference form is received. (If you need further details contact a local Lodge, or email info.omct@xtra.co.nz)