

# REEL CONNECTIONS

## APPLICATION FORM

### **FIRED UP: SPARKING ARTS & CREATIVITY** ( Fired Up is a program initiative of the Community Arts Network WA)

**Sept 30<sup>th</sup> – Oct 9th**

**Please note: Your responses will be treated as confidential**

#### **Personal Details:**

First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of arrival in Australia if born in another country: \_\_\_\_\_

Cultural/ethnic background: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

- Do you have any special dietary requirements (i.e. vegetarian, halal)? If yes, please detail.
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- Do you have any food allergies? If yes, please detail.
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- Do you have a medical condition we should be aware of? If yes, please detail.
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- Do you have any learning difficulties that we may be able to help you with? If yes, please detail.
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- Is English your second language? YES / NO
- 

- What is your first language?
- 

- What is your highest level of education ?
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- Are you currently enrolled in School or TAFE? If yes, please detail.
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- What are your interests and hobbies?

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## Emergency contact person

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Relationship: \_\_\_\_\_ (i.e. mother, father )

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Photo/video permission

Do you consent to photographic images and video footage of you being used for promotional material associated with the Reel Connections project (i.e. brochures, posters, website) ?

YES/NO

## Participant agreement

Whilst all due care and attention is taken, Reel Connections project partners and their employees will not be liable for any injury, loss or damage suffered by any person participating in Reel Connections activities/programmes.

I understand the information I have provided is for the Reel Connections project staff only and will not be given out to any person/s without my consent. Reasons for your personal details to be released would be for illegal action or if medical attention is required.

.....  
Signature

.....  
Date

**Please send the completed form to the  
Reel Connections Project Officer:**

**Sarah Mills  
Reel Connections Project Officer  
PO Box 1533 Osborne Park WA 6916  
Fax: 93496624 Email: mills.sarah@stirling.wa.gov.au**

**If you would like help to complete this form please call Sarah on 9349 7999 or  
0417936418**

**Reel Connections is a community partnership project. Project partners are:**

