



# KCYP APPLICATION FORM



First Name (s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home ph number: \_\_\_\_\_

Street address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile ph number: \_\_\_\_\_

Are you currently studying?  NO  YES (please advise year level & school/course name) \_\_\_\_\_

Please tell us about yourself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you know about Kokoda? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve by participating in the KCYP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think the KCYP might influence your future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do you feel will support your involvement in the program? (please specify family members, friends, youth worker, etc)

\_\_\_\_\_

Can you please tell us about your known or anticipated time commitments in 2009 (work, family, etc).

\_\_\_\_\_

How do you rate your level of fitness?

Very Unfit

Somewhat Fit

Fit

Very Fit

Do you have any known medical conditions? \_\_\_\_\_