

# 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: \_\_\_\_\_

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

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

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

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

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Can you please tell us about your known or anticipated time commitments in 2010 (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? \_\_\_\_\_



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