



A RDA Wheatbelt Youth Initiative

## WYLD team, activities & events

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# WYLD REGISTRATION FORM

Start Date: \_\_\_\_\_ Shire of Residence \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

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

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

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

*NOTE: participants 18+ are encouraged to apply for a Working with Children Check:*

Working with Children Check Sighted (if 18 or over): No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

The preferred and quickest method of contact is email, do you have access to the internet?

Yes  No— would like help in setting up your own email address?  Yes  No

### Leadership Skills

*In 25 words or less please describe what you believe you can offer as a youth leader...  
(remembering leaders come in all forms i.e. academic, creative, sport, community minded, cultural, business etc)*

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### Referee Support

*Please provide a contact, other than family, who can support your registration i.e. teacher, coach, employer etc*

Full Name \_\_\_\_\_

Position \_\_\_\_\_ Organisation \_\_\_\_\_

Phone Contact \_\_\_\_\_ Email \_\_\_\_\_

Reason for Nomination \_\_\_\_\_

\_\_\_\_\_  
Signed \_\_\_\_\_

I have read and completed the following forms (including parent/guardian authorisation, if under 18 years),

- WYLD – Medical Form
- WYLD – Individual Emergency Plan
- WYLD – Photo and Consent Form
- WYLD – Participant Goals & Ground Rules

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_