

Youth Aspire - Mentee Application Pack

Dear Applicant,

Thank you for your interest in Jewish Care's Youth Aspire program.

The mentee application package is enclosed below. Wherever possible we encourage prospective mentees to complete the form themselves, with assistance from their parent/carer or support worker as required.

Please make sure that all sections are complete, including any relevant supporting documents. A checklist is included below to assist you.

The information contained within this form will remain **confidential**. Completed applications should be emailed to the Youth Mentoring Coordinator. Applicants will then be invited to attend an informal interview with the Coordinator to discuss further.

For further information or to submit your application, please contact Kater Worth on ph: 0447 911 762 or email kworth@jewishcare.org.au

CHECKLIST:

- Application form
- Statement of commitment
- Privacy consent form
- Publicity consent form
- Parent/guardian consent form (if applicant is under 18 years of age)
- Medical information
- Referral form, completed by a relevant teacher, school principal, clinician or support worker

Completed forms can be emailed to kworth@jewishcare.org.au

Thank you for taking the time to complete this application.
We look forward to meeting you!

Application Form – Part 1

First name:		Surname:	
Date of birth:		Phone (mobile):	
Gender:		Pronouns:	
Residential address:			
Email:			
Country of birth:		Language/s spoken:	
How would you describe your Jewish affiliation? <i>(eg. secular, traditional, Progressive, Orthodox)</i>			
How did you hear about Youth Aspire? <i>(eg. Jewish News, school, word of mouth)</i>			
Are you eligible for NDIS?			

What is the best way for us to contact you? (please circle)

Call

Text

Email

WhatsApp

Other

Parent/guardian contact details:

First name:		Surname:	
Residential address:			
Phone (mobile):		Relationship to applicant:	
Email:			

Education details:

Name of school:		Year level: <i>(as of 2022)</i>	
Address:			
Relevant contact:		Role:	
Phone/email:			
Favourite subject/s:			



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Application Form – Part 2

<p>Tell us about your interests – what do you like to do?</p>	
<p>What role do you imagine a mentor might play in your life?</p>	
<p>What would you like to do with your mentor?</p>	
<p>What sort of person would you like as a mentor? What kinds of skills or qualities are important to you?</p>	



Youth Mentoring

<p>Tell us about your strengths – what are three things that you feel you are good at?</p>	
<p>What are three things you would like to improve on/develop further?</p>	
<p>If you fulfil the program requirements and meet regularly with your mentor, you will be eligible to apply for a \$500 scholarship to support your educational or personal goals.</p> <p>How would this funding help you? What might you use it for?</p>	

Statement of Commitment

I have applied to be part of the Youth Aspire program. If my application should be successful, I agree that I will:

(please tick)

<input type="checkbox"/>	Meet with my mentor at least once a month, and communicate with my mentor on a regular basis via phone/text/email
<input type="checkbox"/>	Attend scheduled activities arranged with my mentor, and provide adequate notice of any changes to planned meetings
<input type="checkbox"/>	Respect the confidentiality of my mentor and other program participants
<input type="checkbox"/>	Behave in an appropriate and respectful manner during activities
<input type="checkbox"/>	Not be under the influence of alcohol or drugs during scheduled activities or meetings
<input type="checkbox"/>	Refrain from making requests for inappropriate images, asking inappropriate questions or sharing inappropriate content
<input type="checkbox"/>	Address any issues of concern with the mentor or the Youth Mentoring Coordinator
<input type="checkbox"/>	Maintain contact with the Youth Mentoring Coordinator on a regular basis

I understand that failure to meet any of the above requirements may result in my removal from the program and my reimbursement of any scholarship funds received.

Name:

Signature:

Date:

Privacy Statement

Jewish Care Victoria is committed to protecting all personal and health information that we collect, hold and use in accordance with:

- The Commonwealth Privacy Act 1988
- The Victorian Information Privacy Act 2000
- The Privacy Principles under those Acts
- The Victorian Health Records Act 2001
- The Health Privacy Principles under that Act.

We collect and use personal and health information where necessary to process applications, provide relevant services and plan for client care and service delivery. We also collect and use personal information to provide services, administer relationships for internal purposes (such as procedural assessments, risk management, product and service reviews, research, staff training, accounting and billing) and to identify and inform clients of services that may be of interest.

Jewish Care will only disclose personal and health information to third parties:

- where this is for the purpose for which you have provided the information to us (for example, to facilitate the delivery of services), or
- for reasons closely related to that purpose and where that disclosure would be reasonably expected.

Other than for these purposes, we will only disclose information after obtaining further consent or when required to by law.

DECLARATION

I have read Jewish Care's Privacy Statement. I consent to the use by Jewish Care of the information contained in this application package for the purpose of assessing my application for the Youth Aspire Program. I authorise Jewish Care to make any enquiry necessary to verify the information supplied in the application package.

Name:

Signature:

Date:



Youth Mentoring



Publicity Consent Form

I, (name) **agree and consent** to the following:

I grant to Jewish Care (Victoria) Inc. ('Jewish Care') and its eventual successor(s) the following rights:

[TICK BELOW AS APPROPRIATE]

- To take/make photographs, film, digital recordings, video, likenesses, or footage of my visual image and/or voice ('the Representations');
- To record quotes, testimonials, interviews, or other comments by me ('the Statements'); and
- To copy, modify, adapt, distribute, publish, display, exhibit, reproduce, and otherwise use, in whole or in part, the Representations and Statements in current and future publicity in or on the following:
 - the Jewish Care website and Jewish Care social media sites; and/or
 - Jewish Care online and printed publications, including, but not limited to, its Annual Report, newsletter (currently termed 'My Connection'), and educational, advertising and promotional materials; and/or
 - one or more film, videotape, radio or multimedia productions.

I **understand and agree** that the Representations and Statements may or may not be accompanied by my name or by the mention of attributes that enable me to be identified, such as my age and place of residence.

I **understand** that if my name, Statements and/or Representations appear on the Internet, they will be accessible to Internet users worldwide.

I **understand** that once my approval has been given and my Representations and/or Statements appear on the Internet, Jewish Care has no control over their subsequent use and/or disclosure.

I **understand** that Jewish Care is not obliged to use my Representations and/or Statements.

I **understand** that I will receive no compensation for the use of my Representations and/or Statements.

I **understand** that I may withdraw my consent for Jewish Care to make use of my Representations and Statements at any time before they are made public, and that such a withdrawal of consent must be in writing.

(Persons who are under 18 or unable to understand this form must have it co-signed by a parent or guardian.)

Name:

The following details will not be published or divulged:

Address:

Email: Telephone:

Signature: Date:

Name of Parent / Guardian if under 18 years:.....

Signature: Date:



Parent/Guardian Consent Form

Dear Parent/Guardian,

Your child has applied to be part of Jewish Care's Youth Aspire program.

The Youth Aspire program aims to assist young people who are motivated, but who may face some external challenges in their lives, to reach their full potential.

Youth Aspire is a 12 month program that aims to assist young people to build self-esteem, develop interpersonal skills, develop links to community, and offer opportunities for personal and professional development.

This is provided via monthly meetings with the assigned volunteer mentor who will support and encourage the young person. A number of optional group activities and workshops will also be available. Upon successful completion of program requirements, participants are eligible to apply for a scholarship of up to \$500 to support academic or vocational pursuits.

If your child is under the age of 18, we require your consent in order to process their application. By signing below, you agree that we may proceed with processing your child's application for the Youth Aspire Program, in accordance with all confidentiality requirements and privacy laws.

Name of applicant:	
Name of parent/guardian:	
Residential address:	
Contact telephone:	
Signature:	
Date:	

Jewish Care is committed to protecting children and young people from harm.

All staff and volunteers working with young people are required to complete a Police Check and Working with Children Check, and undergo Safeguarding Children training.

Medical Information

Name:		Date of birth:	
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Please review the below and provide details where applicable:

Condition	Yes	No	Details
Asthma			
Allergies			
Dietary requirements (eg. vegetarian, intolerances)			
Injuries			
Disability/additional needs			
Prescribed medication			
Other:			

Terms and conditions

It is your responsibility to advise us of any medical condition, disability, behaviour or other health need that requires any special treatment or attention. Jewish Care is committed to providing safe activities. We will take the utmost care to minimise potential risks. By participating in Jewish Care activities, you are assuming those risks personally and Jewish Care and its staff cannot be held responsible for personal injury or loss or damage to belongings.

Applicant name:

Signature:

Parent/Guardian name:

Signature:

Referral Form

To be completed by a teacher, clinician, support worker or other adult who has known the applicant for a significant period of time and is willing to support their application.

The Youth Aspire program aims to assist talented and committed young people who are experiencing additional challenges or complexity, to reach their full potential.

It is important for us to understand why the applicant would be a good candidate for the program. Some considerations might include:

- Financial difficulty
- Challenges due to family or other circumstances
- Desire for personal development opportunities
- Openness to engaging with an adult mentor
- Limited opportunities for meaningful adult contact
- Limited opportunities for work experience and vocational development
- Limited connection with the wider Jewish community
- The experience of some challenge or other factor that may impact their ability to reach their full potential.

If you believe that the applicant meets the above criteria, please provide a description of the applicant's circumstances and how they would benefit from the support of a mentor and scholarship.

Referral completed by:

Name:	
Position:	
Phone:	
Email:	
Signature:	
Date:	



Youth Mentoring

<p>For approximately how long have you known the applicant?</p> <p>In what capacity do you know them?</p>	<p><i>Note: to be eligible for Youth Aspire, there is an expectation that the applicant's key worker/support will remain engaged with them throughout the duration of the program.</i></p>
<p>How might participation in the Youth Aspire program benefit the applicant?</p>	
<p>What do you see as the top three strengths or key interests of the young person?</p>	



Youth Mentoring

<p>What are the specific challenges that the young person is experiencing?</p>	
<p>What are the barriers (if any) to the young person engaging with their mentor, or the program overall?</p> <p>Please list any recommended strategies to help overcome these barriers.</p>	
<p>What mentor skills or qualities would be important or suitable for the young person?</p>	
<p>Any other comments to support the candidate's application:</p>	