**Application**

**Community Innovators, Volunteers and Leaders (CIVAL)**

**Community Leadership Training 2021**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | Male  Female  Other  Prefer not to say | |
| **Surname** |  | | | | |
| **Date of birth** | **/ /** | | | **Place of birth** | |  | |
| **English language** | Poor | | | Adequate | | Good | |
| **First/native Language/s** |  | | | **Interpreter required** | | Yes  No | |
| **Contact number** |  | | | **Emergency number** | |  | |
| **Emergency Contact person** |  | | | | | | |
| **Email address** |  | | | | | | |
| **Residential address** | Address:  Suburb: Postcode: | | | | | | |
| **Date of arrival to Australia** |  | | | | | | |
| **Residency status** | Australian/NZ Citizen | | | Permanent resident | Temporary visa | | Asylum seeker |
| **Are you a member of any community association?** | Yes | No | **If yes please name the association/s** | | | | |
| **Reason/s for attending CIVAL Community Leadership Course in at least 50 words** |  | | | | | | |

**Application**

**What information do we collect / share?**

CIVAL is a component of the Settlement Engagement Transition Support (SETS) program funded by the Department of Home Affairs. The program (SETS) is implemented by a consortium of organisations including ASeTTS, City of Stirling, Metropolitan Migrant Resource Centre (MMRC), Youth Futures and lshar. As part of this program, we need to collect and record your personal information.

Your personal information will be recorded in a secure database by us and by the partner organisations. The government uses this information to develop better policy and grants programs for the future. This information will not include information that identifies you, or information that can be used to identify you in any way.

We will seek your consent before we share the information with any other services. If you do not provide your consent for us to share your personal information with the Government, then you will be recorded as an unidentified participant and your information will be securely stored in ASeTTS database.

I **consent** to share my information with **the Government**. **Yes**  **No**

Name: …………………………………………… Signature: …………………………… Date: / /

Also, I **consent** to be part of CIVAL **group photos** to be shared with

* Reports,
* ASeTTS website,
* ASeTTS social media,
* Printed publications such as brochures, booklets,
* Posters, display banners,
* Advertising and other media.

**Yes  No**

Name: ………………………………………… Signature: ……………………………………. Date: / /