



Indigenous Youth Leadership Program

Secondary education scholarship

Parent/Guardian support & consent 2021

In administering the Indigenous Youth Leadership Program (IYLP), The Smith Family will need to collect personal information from you.

The Smith Family is committed to protecting the privacy and confidentiality of our clients and supporters. The Smith Family supports and is bound by the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles. A copy of the National Privacy Principles can be found at <http://www.privacy.gov.au/publications/npps01.html>.

*This form must be submitted with the Student Application and received by
The Smith Family no later than 29 May 2020*

Student applicant details

Please provide the following details of the child who is applying for a scholarship.

Family name:	Given name(s):
Date of birth:	Which school are they currently attending?

Parent/Guardian details

Please note our preferred method of correspondence is email, otherwise all mail will be sent to your postal address.

Parent/Guardian 1		
Family name:	Given name(s):	
Relationship to applicant (eg mother, father, guardian):		
Home address:		
Suburb/Community:	State:	Postcode:
Postal address (if different to above):		
Suburb/Community:	State:	Postcode:
Home phone:	Mobile phone:	
Work phone:	Fax:	
Home email address:		
Work email address:		

Are you of Aboriginal and/or Torres Strait Islander descent? Please select **one box** from the list below.

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Who are the traditional owners of your home community?

Do you speak a language other than English?

No Yes, Aboriginal English

Yes, Aboriginal (please provide name of language)

Yes, Torres Strait Islander (please provide name of language)

Yes, other (please specify)

Are you currently employed?

No Yes, full time Yes, part time

Parent/Guardian details (cont)

Parent/Guardian 2 (if applicable)

Family name:	Given name(s):	
Relationship to applicant (eg mother, father, guardian):		
Home address:		
Suburb/Community:	State:	Postcode:
Postal address (if different to above):		
Suburb/Community:	State:	Postcode:
Home phone:	Mobile phone:	
Work phone:	Fax:	
Home email address:		
Work email address:		

Are you of Aboriginal and/or Torres Strait Islander origin? Please select **one box** from the list below.

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Who are the traditional owners of your home community?			

Do you speak a language other than English?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal English
<input type="checkbox"/> Yes, Aboriginal (please provide name of language)	
<input type="checkbox"/> Yes, Torres Strait Islander (please provide name of language)	
<input type="checkbox"/> Yes, other (please specify)	

Are you currently employed?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, full time	<input type="checkbox"/> Yes, part time
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Other children in your family

If there are other children in your family, please tell us their name and age, the name of their school and if they have ever received an IYLP scholarship.

Family name	First name	Age	Name of school (if applicable)	IYLP scholarship?
1.				<input type="checkbox"/> No <input type="checkbox"/> Yes
2.				<input type="checkbox"/> No <input type="checkbox"/> Yes
3.				<input type="checkbox"/> No <input type="checkbox"/> Yes
4.				<input type="checkbox"/> No <input type="checkbox"/> Yes
5.				<input type="checkbox"/> No <input type="checkbox"/> Yes
6.				<input type="checkbox"/> No <input type="checkbox"/> Yes
7.				<input type="checkbox"/> No <input type="checkbox"/> Yes
8.				<input type="checkbox"/> No <input type="checkbox"/> Yes

Application process

Applicants can only be selected for an IYLP Secondary Education Scholarship if they are willing to attend an approved IYLP partner school (listed on the student application). Schools website links are available from The Smith Family website at www.thesmithfamily.com.au.

Do you agree to this?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your child agree with this decision?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

A requirement of the application process is that shortlisted applicants attend an interview with a parent or guardian. This interview is to establish whether or not the student meets the requirements set out in the Program guidelines.

Do you agree to this?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Questions to support your child's application

In the following section please answer all of the questions to support your child's application.

1. Why do you want your child to attend an IYLP partner school?

2. How would you describe your child's personality?

3. Please tell us about your child's hobbies, interests or talents.

4. What do you see as being your child's major achievements?

Questions to support your child's application (cont)

In the following section please answer all of the questions to support your child's application.

5. How do you think your child will adapt to living away from home (if boarding)?

6. How often will you be able to visit your child if they are at living away from home?

7. How will you support your child to complete year 12?

8. What educational goals do you have for your child (ie what do you want your child to get out of finishing year 12)?

Questions to support your child’s application (cont)

In the following section please answer all of the questions to support your child’s application.

9. Does your child have any medical conditions or special needs that we should know about?

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10. If you would like to make any further comments in support of your child’s application (including information about extracurricular activities, special interests or certificates awarded) please make these below.

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Agreement and signature

I/we confirm that the information in this form is true and complete, and understand and accept the conditions set out in the student application form. I/we give consent for our child to apply for an IYLP Secondary Education Scholarship and understand that they will be required to attend an approved IYLP partner school if selected.

I authorise The Smith Family to disclose my personal information and my child’s personal information to the National Indigenous Australians Agency. I also authorise The Smith Family to communicate with my child any information in relation to their application.

Name:

Signature:

Date:

Name:

Signature:

Date:

If you have any questions about the Indigenous Youth Leadership Program or need help completing this form, please contact the IYLP Manager on (08) 8224 1402 or email IYLP@thesmithfamily.com.au.

This form must be submitted with the Student Application and sent by post, fax or email (our preferred method is email). The applicant will be notified when received.

APPLICATIONS AND SUPPORTING DOCUMENTS SHOULD BE SENT TO:

By post: Indigenous Youth Leadership Program Manager, PO Box 10500, Rundle Mall SA 5000

By email: IYLP@thesmithfamily.com.au