

**Kruki**

**Indigenous Summer School**

**2018 School of Rural Medicine Kruki Indigenous Summer School Application form.**

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| **Kruki Indigenous Summer School dates** | **Applications close** |
| **Sunday 28 October – Friday 2 November** | **Friday 5 October** |

Name: …………………………………………………………………………………………… Date of Birth: …………………………….

Home address: ……………………………………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………………………………………………………

Mobile: ………………………………………………………………………………………………………………………………………………

School: ……………………………………………………………………………………………………………………………………………….

School contact person: ………………………………………………………………………………………………………………………

Email: ……………………………………………………………………. Phone Number: ……………………………………………….

If you are accepted to attend Kruki we will give you a Kruki 2018 shirt. What size are you?

XS S M L XL XXL XXXL XXXXL

What size shirt for your parent/guardian?

XS S M L XL XXL XXXL XXXXL

I am of Aboriginal or Torres Strait Islander descent. I have discussed my application with my Parents/Guardians. I declare that to the best of my knowledge the information on this form is correct and complete.

Student Signature ………………………………………………………………………….. Date …………………………………………

**Tell us why you would like to attend Kruki? (no more than 100 words)**

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**What leadership qualities can you tell us about that will increase the Kruki experience for you and all other participants.**

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**Please tell us what academic, sporting, community activities you do, or would like to do in the future.**

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**Student Code of Conduct**

To promote a productive and enjoyable experience for all camp participants, I agree to:

* Respect other students, supervising staff, community members and property
* Follow the directions of staff
* Resolve conflict respectfully, calmly and fairly
* Not act in a violent manner or bring weapons, illegal drugs or alcohol
* Not smoke or bring tobacco
* Not bully, harass, intimidate or discriminate against other participants or staff.
* To abide by UNE’s rules, policies and procedures

Student Signature …………………………………………………………………………… Date……………………………..

**Parent/Guardian approval**

Print Name of Parent/Guardian: ……………………………………………………………………………………………………….

Phone/Mobile: ……………………………………….…………………………………………………………………………………………

Email: ………………………………………………………………………………………………………………………………………………..

Relationship to student, please circle one: Parent Guardian

I give my permission for ………………………………………..………………………………………….… to attend the Kruki Summer School.

Parent/Guardian Signature: …………………………………………………………………………………………………………