

Building Relationships and Initiating Change (BRIC) Program Mentee Application Form

Please complete and submit the following application form.

These details will not be disclosed to anyone outside CMY without the applicant's permission.

| | |
|-------------------------|-----|
| Date | / / |
| Youth Group Name | |

Please provide some information about your group:

| | |
|---|---|
| What is the purpose of your group/committee/network/association? <i>(e.g. cultural or faith based, issues based, social action, sport, recreation based?)</i> | |
| How many people are in your group? | |
| When did your youth group start? | |
| How often and where do you meet? | |
| Do your group members identify with a faith and/or cultural backgrounds? <i>(Please list)</i> | |
| How long have the members of your group been in Australia? <i>(tick more than one box if necessary)</i> | <input type="checkbox"/> Under 1 year <input type="checkbox"/> Between 5 and 10 years <input type="checkbox"/> Under 5 years <input type="checkbox"/> More than 10 years |
| What kind of support does your group currently receive, if any? <i>(e.g. money, training, mentoring etc)</i> | |
| What are some of the goals and aspirations of your group? | |
| What has your group achieved so far? <i>(e.g. established as a group, run activities, held events etc)</i> | |
| What does your group hope to achieve through the BRIC Program? | |

Main contact details

What is the best way to contact your group? *(Please provide names of leaders (if any), phone numbers and emails)*

Please include details of the members of your youth group here:

1. NAME
CONTACT NUMBER
CONTACT EMAIL

2. NAME
CONTACT NUMBER
CONTACT EMAIL

3. NAME
CONTACT NUMBER
CONTACT EMAIL

4. NAME
CONTACT NUMBER
CONTACT EMAIL

5. NAME
CONTACT NUMBER
CONTACT EMAIL

6. NAME
CONTACT NUMBER
CONTACT EMAIL

7. NAME
CONTACT NUMBER
CONTACT EMAIL

8. NAME
CONTACT NUMBER
CONTACT EMAIL

9. NAME
CONTACT NUMBER
CONTACT EMAIL

10. NAME
CONTACT NUMBER
CONTACT EMAIL

Program commitments:

To be part of this mentoring program, your group needs to be able to make the following commitments:

- 1. We are willing to participate in the BRIC program for one year (from June 2009 to June 2010).**
- 2. We are willing to meet on an approximately fortnightly basis with our mentors throughout the program.**

Please tick one:

- We can make the above two commitments;
- We would like to make these commitments but... (please explain any concerns)

Referee 1: Please provide the name and contact details for a personal referee who will support your application.

Name: _____ Male Female

Contact Number(s) _____

Relationship to your group: _____

Please provide signatures from two members of your group:

| | |
|------------------------------------|------------------------------------|
| Name _____ | Name _____ |
| Signature _____ (sign/type) | Signature _____ (sign/type) |

Thank you for your application! We will contact you regarding the outcome of your application and the next stage of the process as soon as possible.

The next stage is an interview, and we will contact you with to arrange an interview time if your application is successful.

If you have any questions or would like any more information, please email cwilks@cmy.net.au or call **Caitlin Wilks** on **9340 3700** or **0419 779 553**.

Please return this form by Friday 1st May 2009:

Email: cwilks@cmy.net.au

Fax: 03 9349 3766

Post: Attn: Caitlin Wilks
Centre for Multicultural Youth
304 Drummond Street,
Carlton, 3053