

# Pozhet Berry Retreat 14<sup>th</sup>-16<sup>th</sup> March 2014

## RETREAT APPLICATION FORM

**ALL APPLICATIONS CLOSE ON Wednesday 12th February 2014**

A copy of this form **must** be completed for **every** person wishing to attend (including partners and children)

Name: ..... Date of birth: .....

Address for information to be sent: ..... (Street )

Suburb / Town.....

Postcode: .....

Phone: (h) ..... (m) .....

Email: .....

Do you have any dietary requirements? **Yes/ No**

If yes please circle which one; *Diabetic Vegetarian Other*. Please give details

.....

Do you have any mobility restrictions? Eg. wheelchair or walker (please circle) **Yes/No**

.....

**In case of an emergency** who do you want us to contact?

Name: .....

Relationship to you: (e.g. mother, partner) .....

Their phone contact details:

(h) ..... (w) ..... (m) .....

Is there any other information we need to know to assist your stay at the Pozhet Retreat?

.....

.....

If you are travelling by public transport, will you need transport from Berry Railway Station to the Retreat venue? **Yes/No**

Have you ever been to a Pozhet Retreat before? **Yes /No**

*Please turn over /more questions over the page*

## Retreat Participation & Confidentiality Agreement

I understand and agree that I am responsible for my own participation at all times. I will notify the organisers if I am unwell or cannot participate in any activity during the retreat. I understand that I am responsible for children under 16 that I bring to the retreat and that there are no organised activities for children.

I understand that only accommodation, meals and activities are covered by Pozhet. We do not cover travel costs.

**\*\*Please note cancellations with less than 7 days notice may attract a fee payable by the applicant. Please let us know in advance...this Retreat is a popular event.**

I accept the Pozhet Retreat is **ALCOHOL AND RECREATIONAL DRUG FREE AT ALL TIMES.**

I (insert name) ..... as a participant of the Retreat, may have access to information of a highly personal and confidential nature. This includes medical conditions and treatment, sexuality, relations with family members, names of individuals with HIV and their family and friends, and any other identifying information.

I agree that I will not discuss the content of any personal or group discussions or disclose information of a personal or confidential nature to anyone else.

Signed: .....

Date: .....

### Parental consent for participants under 16:

Signed: .....

Date: .....

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**Please send completed applications to Pozhet:**

**HHAS**

**PO BOX 3159**

**REDFERN NSW 2016**

**Or email to [pozhet@pozhet.org.au](mailto:pozhet@pozhet.org.au) or fax: 02 9690 1978 (Attention Pozhet)**

**Please contact Pozhet if you have any questions 1800 812 404**

