Pozhet 2019 Weekend Retreat Berry NSW 25-27 October

RETREAT APPLICATION FORM

APPLICATIONS CLOSE 20 September 2019

A copy of this form must be completed for every adult wis	hing to attend (including partners)
Name:	of Birth:
How do you want this information sent to you? Post	Email
Address for information to be sent:	
Suburb / TownPostcode:	
Phone(h) (m)	
Email:	
Are you applying with someone else eg(as a partner)? You	es No
Name of person	
Do you have any mobility or other issues which might affe	ect your participation? Yes No
Details	
(An app	plication is also required for them)
Will you be coming to Myuna by train? Yes No	0
Have you been to a Pozhet Retreat before? Yes No	0
At the Retreat people have an opportunity to meet others share and learn skills about living with HIV. There are org can catch up with other people, relax or use some of the	ganised activities as well as times where you
Everyone (including partners) are expected to participate Friday evening through to Sunday afternoon. If you are up don't feel up to talking a lot, that's fine. There are many wand supporting others.	nable to do some of the physical activities of
I am able to attend for the whole weekend (6pm dinner Fr Please tell us why you cannot attent the who;le time	riday to 3p Sunday) Yes No

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 all costs for accommodation, meals and activities are covered by Pozhet. I need to organize my own transport and cover travel costs.

Please note cancellations with less than 7 days notice may attract a fee

The Pozhet Retreat is strictly alcohol and recreational drug free. Anyone found using alcohol or drugs (including cannabis) will be asked to leave immediately. This event is funded by NSW Health and there are strict protocols we must all abide by. Your cooperation is appreciated.

I (insert name)a highly personal and confidential nature. I agree to fany personal or group discussions.	
Signed:	Date:
Please complete the following section if ap Name of childDOB.	
Particular needs eg. Cot or high chair	
I understand that I am responsible for children tha currently no childcare or organised activities for ch	•
Signed:	Date:

ALL APPLICATIONS CLOSE on 20 September 2019

Please send completed applications to Pozhet:

3/18 Marsden Street

Camperdown NSW 2050

Or email and scan/attach completed form to pozhet@pozhet.org.au

Or Complete online at www.pozhet.org.au

For more information and to talk about the Retreat call Pozhet 1800 812 404

