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Registered Charity Number CC37638



**The Leprosy
Mission**
New Zealand

**Youth Advocate Scholarship
Application Form**

Closing Date 5th October 2016*

Nepal – Jan/Feb 2017

*Contact Gillian Whitley to say 'YES I am Interested' ASAP

Personal details

Last Name:

First Name:

Address at Uni:

Preferred Name:

**Home Address:
(If different)**

Home Phone:

Mobile:

Email:

Skype name:

D.O.B:

NZ Citizenship / Residency:

Passport No:

Date of Issue:

Country of Issue:

(Please attach copy of relevant passport pages with application even if your passport is out of date)

Your Education

Tertiary Institution:

School (current and/or past):

**Course of Study and progress to date:
(E.g. B.Com 2nd year)**

**NCEA Subjects:
(Or equivalent)**

Envisioned Career:

Extra-Curricular:

Your Community Involvement

Community Networks (include any churches you currently attend or have previously belonged to in NZ, organisations, groups you belong to or any connections you have with the Leprosy Mission)

Your Community Involvement

Voluntary Experience (include type of volunteering activity including fundraising activities, organisation and date)

Your Travel Experience

(Please provide us with a summary of your travel experience including countries, dates and who you travelled with – family, independently, group travel, mission trips etc.)

Your interest in Leprosy/Developing Countries

(Provide an insight into your motivation for understanding the medical aspects, stigma and discrimination experienced by people affected by leprosy in developing countries):

What You Aim to Achieve with the Youth Advocate Scholarship

What is Your Commitment to LMNZ if You are a Youth Advocate Scholarship Recipient

What Else Do We Need To Know About You

Languages (written and oral)

Musical Talents (singing/instruments)

Other (Photography / videography skills; social media guru; writing...)

Referees

(Provide two referees)

| | | |
|---------------|----------------|-----------------------------|
| Name: | | Relationship to you: |
| Phone: | Mobile: | Email: |
| Name: | | Relationship to you: |
| Phone: | Mobile: | Email: |

Medical Information

What do we need to know about your health to maximise this mission opportunity for you:

Agreement

I have read the eligibility criteria*

- I am under 24 as at 31/12/2017
- I am not in full time employment during 2018
- I am available to travel in late January- early February 2018
- I am eligible for a Nepal Visa and re-entry to New Zealand
- I will enter the 2017 Auckland Marathon in the Running4Rights Team or Event
- I consent to the use of my name, image and/or the contents of any comments I may make, in any media format, being used by the Leprosy Mission. I understand that my image/comments may be used multiple times without my being consulted other than by the signing of this form.
- If successful, I undertake to raise awareness and funding on behalf of people affected by leprosy through community activities with educational, church, community, business and other groups during the 12 months following my return from Nepal. My role as a LMNZ Youth Advocate will be my primary missionary focus for this period.
- If successful, I undertake to provide a report on my experiences that can be utilised in a blog, electronic and printed media.
- I have truthfully and accurately provided all the information required in this application

*Please contact Gillian if you do not meet the criteria as there are options available to be involved in the Youth Advocate experience

Signed:

Date:

Legal Name as on passport:

Checklist

- Contact Gillian Whitley with 'Yes I am Interested' ASAP (txt/email/phone)**
- Application Form**
- CV**
- Photo**
- Passport Photocopy**

Post application to Gillian Whitley, Leprosy Mission NZ, PO Box 96262, Dominion Road, Auckland 1342

Scan application and email to Gillian.whitley@leprosymission.org.nz

Visit the office and have a chat with Gillian at 591 Dominion Road, Balmoral, Auckland