

## EXPRESSION OF INTEREST FORM.

### 2017/18 REHABILITATION ADVENTURE CHALLENGES.

Please indicate the program you are applying for. Please submit a separate form for each activity.

		LOCATION	ACTIVITY DATES	EOI CLOSE	SCREENING INTERVIEWS
<input type="checkbox"/>	Dawson River Retreat (Family)	Theodore, Central QLD	26 Jun 17 – 30 Jun 17	21 April 17	26 April 17 – 9 May 17
<input type="checkbox"/>	Dawson River Retreat (Mates)	Theodore, Central QLD	4 Sept 17 – 8 Sept 17	7 July 17	10 July 17 – 21 July 17
<input type="checkbox"/>	Aussie 10 Peaks Trek	Snowy Mountains, NSW	17 Oct 17 – 1 Aug 17	1 Aug 17	3 Aug 17 – 10 Aug 17
<input type="checkbox"/>	Snow Mountain Horse Trek	Snowy Mountains, NSW	9 Nov 17 – 14 Nov 17	21 July 17	7 Aug 17 – 18 Aug 17
<input type="checkbox"/>	Tassie Adventure (cycle/kayak/trek)	Tasmania	3 Dec 17 – 8 Dec 17	1 Sept 17	25 Sept 17 – 4 Oct 17
<input type="checkbox"/>	Tall Ship Sailing	Brisbane to Sydney	30 Oct 17 – 5 Nov 17	18 Aug 17	4 Sept 17 – 22 Sept 17
<input type="checkbox"/>	Brave the Crossing	Bass Strait	1 Feb 18 – 28 Feb 18 Compulsory Training 23-27 October 2017	8 July 17	17 July 17 – 28 July 17

All information collected on this form is confidential and kept secured. It is used by Mates4Mates employees only and it will not be shared with a third party without your consent e.g. activity provider or the Australian Defence Force.

### 1. PERSONAL DETAILS

**Full name:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Work / mobile:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**You must be registered as a Mate or family member to be eligible to apply for any activity.**

If you are not currently registered, please complete a Mates4Mates Application form before applying for this activity.

**In which service are/were you employed?**

Army                                       Navy                                       Air Force

**Service status**

Current Serving ADF                       Current Reserve ADF                       Ex-serving

**Please note:** Current serving members will need permission from Defence to attend.

## 2. SELECTION INFORMATION

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The information you provide below will be part of a selection process to determine the final participants. Therefore, it's important you provide enough information on this form about how your inclusion on this activity will assist in your rehabilitation. Please feel free to attach another page if there is insufficient room.

**Why would you like to join the nominated Rehabilitation Adventure Challenge?**

**Please describe how you will benefit from participating in this activity or if you are the family member of one of our Mates, please tell us how your participation on this program would assist the Mate.**

**Please describe your connection to Mates4Mates**

For example, are you currently accessing our services or have you participated in any previous activities?

### 3. ADDITIONAL INFORMATION FOR SELECTED ACTIVITIES

<b>For Snow Mountain Horse Trek only</b>									
Previous riding history (please tick an option below)									
<input type="checkbox"/>	Never been on a horse, or need to refresh on basics	<input type="checkbox"/>	Able to fully control at a walk	<input type="checkbox"/>	Able to walk and rise to the trot with full control	<input type="checkbox"/>	Able to walk, trot and canter with full control	<input type="checkbox"/>	Advanced riding skills (jumping, dressage, etc)
<b>First time rider</b>		<b>Some experience</b>		<b>Average experience</b>		<b>Experienced</b>		<b>Very Experienced</b>	

**Do you require riding instruction?**  Yes  No

#### For Sea Kayaking only

Have you done kayaking or paddling in the past?  Yes  No

If YES, please give details:

Are you able to swim 50 metres?  Yes  No

Are you able to tread water for 2 minutes?  Yes  No

### 4. AGREEMENT & SIGNATURES

I certify that I have read and understood the following documents

- Information Sheet for the nominated Rehabilitation Adventure Challenge
- The Guide for Completing EOI Application Forms for Rehabilitation Challenges and Equine Therapy

I have included all necessary completed forms with my EOI application

- Completed Participants Acknowledgement Form
- Completed Medical Form including certification by your Doctor
- A letter of recommendation from your treating psychologist or psychiatrist if external to Mates4Mates

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_