Blind Foundation logo including strapline of Beyond vision loss

## SEED Leadership application form

Location: Dunedin

Date: Monday 29 to Wednesday 31 August 2016

## Section 1: Participant details

**Name**:

**Address**:

**Telephone**:

**Mobile**:

**Email address**:

**Age/Date of Birth**:

Emergency Contact Details (during the time of the programme)

**Name**:

**Relationship**:

**Address**:

**Email**:

**Day phone**:

**Evening Phone**:

**Mobile**:

**Are you in a leadership role in any organisation?**

**Are you a community committee or support group member?**

**What sort of leadership experience do you have?**

**In what format do you prefer to receive information? e.g. email, braille, text, print, large print etc**:

**Do you use a guide dog?**  Yes / No

# Medical/Health Conditions

**If you are unsure whether any current medical condition may affect you during this event please consult your doctor to ensure your wellbeing before commencement.**

**Please give details of any medical conditions/disabilities/allergies**

**Please outline any special dietary requirements**:

**Do you need support with personal care?** Yes / No If yes please specify:

**Please provide any other information that we should be aware of regarding your health and safety**:

# Declaration:

I, the undersigned, have disclosed all necessary information to ensure my safety and well-being during this event.

I understand that places are limited. I will inform the Blind Foundation event coordinator as soon as possible of any changes in my medical and /or other circumstances that may arise between now and the commencement of the programme

I understand that any injuries or illness will in the first instance be attended by a Blind Foundation staff member trained in first aid. I agree to receiving any emergency medical, dental, or surgical treatment as may be considered necessary by the medical authorities and that this will be secured at my expense.

I consent to be involved in any publicity, including photographs.

The staff and volunteers will exercise all due care, but will be clear of all liability in the event of any injury, damage or loss I may sustain to person or property.

I understand that there may be risks associated with involvement in Blind Foundation events and that these risks cannot be completely eliminated. I understand that the Blind Foundation will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimize those hazards.

**Signed by**:

**Date**: