



Into the Heart Immersion - Application Form

Thank you for applying to be part of Edmund Rice Foundation's (Australia) *Into the Heart*.

Congratulations on your decision to participate! We welcome you on a journey of illuminating and potentially life-changing experiences. You are about to enter the heart of ERFA's international programs – where social justice teaching, Edmund Rice charism, and the coalface of sustainable development come together. What you will experience will be challenging. Hopefully by taking you into the heart of ERFA's core business – exposing you to remarkable people and unforgettable places –

you will be inspired and invigorated as educators, and come closer to the heart of social justice. We hope that your journey *Into the Heart* will allow you to learn about the human faces of global injustice, the fight against inequity and allow you to discover more about your place in this big picture. We want you to be prepared for the physical, emotional and intellectual challenges you will encounter.

Ideally participants should be:

- in good physical, mental, and emotional health.
- of a flexible attitude, willing to follow instructions and work with a team.

Your full application should be lodged as soon as possible. When you are notified that your application is successful, you will be asked to pay the balance of the registration within the requested timeframe to secure your place. In making this application you accept that ERFA reserves the right to decline an application based on criteria including participant numbers, suitability, personal character as set out in this document and whether we consider the immersion is in your, or our best interests. Also even once accepted, you further accept that ERFA may terminate our acceptance and your right to participate if we discover any issues with this application or if you at any time act in a manner or display qualities or values that are contrary to those set out in this document or we believe reasonably that such termination is in your or our best interests.

CANCELLATION POLICY

If you cancel for any reason 3 months out from departure a \$500 fee is payable. If you cancel your approved place on the team 3 months or less prior to departure, a \$1,500 fee is payable.

CONFIDENTIALITY

This is a confidential form so please do not be put off or offended by the nature of some of the questions. Our experience over many years is that your complete and honest responses to the questions

is vital to your protection and ours and by completing this form you warrant that you are truthful, open and frank in all respects.

PROCESS AND OBLIGATIONS

Upon receipt of your application form, confirmation will be sent to you indicating whether your application has been accepted. Once you receive this confirmation you acknowledge and accept that by making this application you agree to the following preconditions:

1. To pay within the required timeframe, the balance owing of the registration (total registration in 2023 is A\$3,100 excluding airfares Australia-Kenya-Uganda-Australia).
2. That you will provide, complete and sign all necessary documentation.
3. You have the option to raise \$2,500 for much needed projects in Kenya and Uganda using a tool kit provided by ERFA on the Mycause platform prior to the immersion.
4. That you will openly and truthfully report and consult with Edmund Rice Foundation (Australia) staff or immersion leaders in relation to all issues related to or impacting the trip.
5. That you will be covered under Edmund Rice Foundation (Australia) international travel insurance for the duration of the immersion. Any travel outside the immersion dates will need to be arranged independently by you.
6. That prior to leaving on the trip you will read, understand, sign (where applicable) and comply with all respects the documentation given to you in relation to the immersion. This includes itineraries, immersion guides, participant waiver forms, participant medical information, travel details form, Child Protection policy, CPP self-declaration form, Child protection code of conduct, ERFA safety and security policy, working with children check, as well as specific immunisations outlined in the Pre-Immersion Guide. You are required to return all forms and formal responses to ERFA.
7. That you will attend to all matters requested by Edmund Rice Foundation Australia staff and immersion leaders including but not limited to this **application form**, the **obligation statement**, the **Participant Waiver** and the **Child Protection Self-Declaration and Agreement form**.
8. That prior to leaving, if you are eighteen years of age or older, you will provide us with your state's equivalent "Working with Children" check, or legislated equivalent.
9. That at all times you will not place yourself or others at risk on the trip.

*****Please supply a photocopy of your passport and a photocopy of your state's equivalent "working with children" permit with this application.***

*****Please Read carefully and print clearly***

Which month/year are you applying for?

PERSONAL DETAILS

Names as per passport:

Full Name(s): _____ Surname: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Occupation: _____

Date of Birth: ____ / ____ / ____

As there are times when you will be allocated twin share accommodation, please specify your gender:

PASSPORT DETAILS

Passport must have at least 6 months' validity and 2 blank pages.

Nationality: _____ Passport Number: _____

Date of Issue: _____ Expiry Date: _____

NOTE: Please remember to attach a photocopy of your current passport with this application.

NEXT OF KIN/EMERGENCY CONTACTS

Full details of two (2) people are required.

Emergency contact 1 - Full Name: _____

Address: _____

Day Phone: _____ Night Phone: _____

Email: _____

Relationship to you: _____

Emergency contact 2 - Full Name: _____

Address: _____

Day Phone: _____ Night Phone: _____

Email: _____

Relationship to you: _____

HEALTH

Doctor's name: _____ Doctor's phone number: _____

Are you currently taking any medications? Yes/No

If yes, please provide details: _____

Do you suffer any of the following: (please tick)

Condition	Yes/No	Details
Asthma – <i>if</i> yes complete asthma management form	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sight or Hearing disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fears / Phobias	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Epilepsy or fits of any type	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bleeding Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blackouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sleepwalking	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Travel Sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dizzy spells	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Migraine, headaches, nose bleeds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Muscular/ Skeletal – Ankle/back/knee/joint problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any injury operations in the last 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Conditions that may be aggravated by participation in program	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you wear glasses or contact lenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any issues that might impact your ability to participate in activities (such as a specific disability)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

IN CASE OF EMERGENCY

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I **authorise** ERFA staff members, in the event of any accident or illness, and where it is not possible at the time to obtain my consent, or in the case of a minor, parental consent, to obtain any necessary medical assistance or treatment. For this purpose, I authorise for ERFA staff to engage any doctors, medical, nursing assistance or hospital facilities or accommodation. **I agree to pay all such costs, including doctors, nurses, medical or hospital expenses incurred.**

Signed: _____ Date: _____

Name: _____

DIETARY INFORMATION

Do you have any special dietary requirements? Yes No _____

SHIRT SIZE

Please specify your t-shirt size (Men: S, M, L, XL, XXL, XXXL, XXXXL, Women: 8, 10, 12, 14, 16 18, 20)

FLIGHT ITINERARY

Specified arrival/departure flights for the immersion are included in the pre-immersion guide. A copy of your itinerary is required for insurance and airport transfers. Is your flight itinerary attached?

Yes No _____

OBLIGATION STATEMENT

This Deed dated the _____ day of _____ (month), _____ (year) is made by _____ (full name) and is referring to an *Into the Heart* immersion trip to Africa commencing on _____ (date).

I will make every effort to:

- Work harmoniously with other participants, leaders and those I meet on the immersion trip.
- Submit my own personal desires/standards (food, dress etc.) to the standard of the field.
- Demonstrate a flexible and compliant attitude and to follow instructions.
- Meet all financial obligations for this trip prior to departure and comply with all requirements and terms and conditions in this document.

Applicant:

Signed: _____ Date: _____

Name: _____

Witness:

Signed: _____ Date: _____

Name: _____

PARTICIPANT WAIVER FORM

I _____ (full name) of

_____ (address) have voluntarily and freely elected to participate in the Edmund Rice Foundation Australia's *Into the Heart* Immersion Program in Africa from _____ to _____ (enter dates).

I recognize that there are risks associated with all international travel. These risks include those associated with ground, air, or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur, the result could include bodily injury, death, or property damage.

I understand and acknowledge that this immersion travel is wholly voluntary and I hereby voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained by me as a result of this travel abroad. I hereby agree to release, indemnify and hold harmless the Edmund Rice Foundation Australia, its officers, employees, agents and representatives, from any and all claims, demands or causes of action, and all expenses incidental thereto (including legal fees), based upon or arising out of any loss, property damage, or personal injury, including death, caused by or resulting in any way from this travel abroad.

With the intent to be legally bound, I acknowledge and represent that I have read this Waiver and Release, that I understand same, and that I voluntarily sign below in order to demonstrate my agreement with the terms set forth herein, with full knowledge of the possible risks associated with this travel.

Participant's Name

Participant signature

Date

Witness Name

Witness signature

Date

CHECK LIST

Item	Yes/No	Comments
Have you attached a photocopy of your passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you answered all the questions on this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed the emergency medical section of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed the obligation statement in this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed the participant waiver in this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed the Child Protection self-declaration and agreement form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you provided a copy of your flight itinerary to ERFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your passport valid for at least 6 months after date of return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you provided your Working with Children check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you visited your doctor and obtained Yellow Fever vaccination certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attached a copy of your COVID-19 vaccination certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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 Schools and Community Engagement Manager

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Presence ♦ Compassion ♦ Liberation

