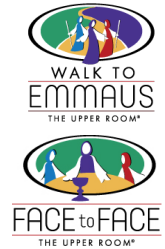




EMMAUS AUSTRALIA
BRISBANE WEST COMMUNITY
 WALK TO EMMAUS
 FACE TO FACE



PILGRIM APPLICATION FORM

Title (circle one): Mr Mrs Miss Ms Dr Rev Pastor Other **Gender:** Male Female

Surname: **Preferred Christian name:**
(This name will appear on your name badge)

Address: **Postcode:**

Email: **Date of birth:**

Phone: Home Work Mobile:

Occupation (optional):

Church: **Denomination:**

Minister/Pastor: **Phone:**

Emergency contact: **Phone:**

Has this event been explained to you? No Yes *For any questions, please contact your sponsor.*

State briefly why you would like to attend:

.....

HEALTH AND DIETARY INFORMATION
*Please complete the following medical and dietary information, to assist us to ensure you have a safe and enjoyable time.
 If you need more space, please attach a separate sheet*

Do you require MEDICATION at set times in the day? No Yes **If yes, please specify:**
Medication Dosage/Frequency/Timing I wish to Self-Administer

.....

We will assign a team member to remind you at the appropriate time. If space is insufficient, please attach a list.

Do you have any MEDICALLY REQUIRED DIETARY requirements? No Yes **Please specify:**
 Vegetarian Vegan Diabetic Gluten free Dairy free Lactose free

Other:

Do you suffer from any ALLERGIES? (Allergies to Food / Food Additives / Medications/ bites / stings) No

Yes Please specify:

.....

Are there any Ailments or Impairments (visual or hearing) that the team needs to be advised of?

For example, are you able to use stairs? Do you use mobility aids e.g., wheeled walker, cane etc ?

If so, please provide details:

..... *Please turn over*

SLEEPING ARRANGEMENTS (Not applicable for Face to Face)

Do you require overnight power (e.g. for a CPAP machine)? Yes. If so, please bring a small extension cord.

INFORMATION PRIVACY

The information sought in this application is required to enable us to fulfil our duty of care to those attending the event. After your attendance is confirmed, it will be forwarded to the director of the event, and during the process of organising the event it will be shared with appropriate team members, where it will be kept strictly confidential. Some of the basic information in the top half of page 1 of this form will be kept and may be used in future to inform you of future activities; at any time, you may ask to be removed from the mailing list. Other details will be destroyed after the event.

At the end of the event a list of names and contact details (but not church affiliation or date of birth) will be provided to those who attend so they can keep in touch with each other.

Place a cross here if you are **NOT** willing for any of your contact details to be included in the list.

- I authorise the use of the information provided in this form for the above-mentioned purposes.
- I authorise the Brisbane West Emmaus Community and the leaders of the event, in the event of my sustaining injury or illness, to obtain at my expense any medical treatment they consider necessary.

.....
Name (please print)

.....
Signature

.....
Date

COSTS AND PAYMENT

Registration Fees Vary. The cost of the Walk to Emmaus or the Face to Face Event will be advised by your sponsor. Currently the **Emmaus Walk costs \$325** over a long weekend and the **Face to Face Encounter is \$50** over 4 days.

Cancellation Policy: For an Emmaus Walk, any registrant wishing to cancel their attendance will be refunded in full, if a written request to cancel is received by the Registrar with a month's notice. Failing that, if a written cancellation request is received with less than a month's notice, \$100 will be held over in credit for attendance at next year's Walk to Emmaus. For Face to Face Encounters, any registrant wishing to cancel their attendance will be refunded in full, if a written request to cancel is received by the Registrar up to week prior to the event.

Bank account: BW Emmaus; BSB 124 001; Account 91222833 – please include applicant's surname as reference.

When completed, this form should be returned to your sponsor fully completed.

FOR SPONSOR USE ONLY

Name: Phone: (H); (M)

Address:

Email: Contact number during the event:

Your Walk No: Location: Date:

Will you pray for and support the applicant and family before, during and after the event?

Does the applicant have a spouse who is also being sponsored at this time? Yes No

(NB: Upper Room policy is that couples should both attend wherever possible)

Who will pay the fees? Applicant Sponsor Shared Community

Why do you commend this applicant?

.....
Sponsors, please ensure all sections of this form have been completed and then forward to the Registrar:
via email registrar@brisbanewest.emmaus.org.au