



# The Changemaker Program will train you to create positive change in your life and the world!

The Program includes 10 sessions held one afternoon a week during the school term. You will take part in resilience, wellbeing, leadership and changemaking workshops as well as developing your very own 'Change Project'. This project will see you identifying a passion and taking action to make a positive change about a social or global issue!

At the end of the 10 weeks you will come together with your community to share your project and what you have achieved!

4pm - 6pm Mondays, Term 1, 2021 Location TBA - Kiama CBD Starting in February 1st, finishing April 29th \$50 for the term



## **Participation form**

# For more information, visit our website www.sonderyouth.com/train

First Name:	Last Name:	
Email:		
Contact Number:		
What do you hope to gain fro	om the Sonder Youth Changemaker Progra	m?
	g about the world what would it be?	
	g about the yourself what would it be?	
☐ Please tick if you wor	uld like to nominate yourself for a	

# Parent/Guardian Emergency Information Full name: \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_ Parent/guardian permission and signatures I give permission for my child to take part in the Sonder Youth Changemakers Program from 4pm – 6pm on Mondays during Term 1, 2021. I understand that the program is 'first in best dressed' and that to secure my child's place in the program I am required to pay the \$50 registration fee prior to program. I understand that transport to and from sessions is to be arranged by myself or another parent/guardian. Signed \_\_\_\_\_\_ Date \_\_\_\_\_ Media Release: I give permission for my child to be interviewed/photographed/filmed during the program and understand and agree that any interview/photography/film may be used for marketing purposes.

### **Payment Information**

Registration fee can be paid via direct transfer to:

Bank: Commonwealth Bank

Account Name: Sonder Youth Ltd.

Payment Reference: \*Participant Name\* CM

Signed\_\_\_\_\_ Date\_\_\_\_

BSB: 062 - 585

Account No.: 1097 8824

## Please submit your completed form to team@sonderyouth.com