

Gordon Andrew Program Nomination Form & Application Questions

If you are interested in the GAP program please fill out the following forms. Ask your parents/worker or a support person to help you with the nomination section. Once complete; return to foundation21 by the **1st March 2010**.

Gordon Andrew Program - Adelaide Metropolitan Pilot

Referring person /organisation:	<input type="checkbox"/> Disability SA (office) _____ <input type="checkbox"/> Parent			
	<input type="checkbox"/> NGO (pls specify) _____ <input type="checkbox"/> foundation21			
	<input type="checkbox"/> Self Referral <input type="checkbox"/> Other(pls specify)			
Parent /Carer/ Workers name		Phone number:		Date of nomination:
How long have you known this young person	<input type="checkbox"/> < 3 months	<input type="checkbox"/> 3- 6months	<input type="checkbox"/> >5years	
	<input type="checkbox"/> 6 – 12 months	<input type="checkbox"/> > 1year	<input type="checkbox"/> >10years	

Young Person Info. – Nomination details to be completed by parent/carer/worker

First Name of Young Person:		Last name:	
Date of Birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone:		Mobile:	
Address:			Post code:
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other(pls specify)_____		
Please tick:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Culturally & Linguistically Diverse <input type="checkbox"/> Not Applicable		

Please discuss and complete the below section with your young person

Most effective method of communication:	<input type="checkbox"/> Spoken language <input type="checkbox"/> Sign language <input type="checkbox"/> Other (pls specify)_____		
Living situation:	<input type="checkbox"/> Biological Family <input type="checkbox"/> Relative <input type="checkbox"/> Independent living unit <input type="checkbox"/> Alone <input type="checkbox"/> Group Home <input type="checkbox"/> Residential facility <input type="checkbox"/> Other(pls specify)_____		
School Level achieved / current:	Year _____	Further Education:	<input type="checkbox"/> N/A <input type="checkbox"/> TAFE <input type="checkbox"/> Uni <input type="checkbox"/> Other Where _____
Current Labor Force Status:	<input type="checkbox"/> Employed (Where)_____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Full time		
School Attendance 3 months prior to application for program:	<input type="checkbox"/> Attended Daily <input type="checkbox"/> Attended < 4 days per week <input type="checkbox"/> Attended < 2 days per week <input type="checkbox"/> Not applicable <input type="checkbox"/> Did not attend(Reason for absences) _____		
Assistance in Living Skills/Personal Development (identify top 3 priority focus areas only)	<input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Catching Transport <input type="checkbox"/> Planning <input type="checkbox"/> Decision Making <input type="checkbox"/> Organising <input type="checkbox"/> Shopping <input type="checkbox"/> Recreation <input type="checkbox"/> Communication Skills <input type="checkbox"/> Relationships/Interpersonal Skills <input type="checkbox"/> Trust <input type="checkbox"/> Other_____		
Current knowledge of Community Resources	<input type="checkbox"/> Health Facilities <input type="checkbox"/> Community Centres <input type="checkbox"/> Schools <input type="checkbox"/> foundation21 <input type="checkbox"/> Sports Clubs <input type="checkbox"/> Other_____		
Current participation in Community Resources	<input type="checkbox"/> Social Clubs <input type="checkbox"/> foundation21 <input type="checkbox"/> Youth Group <input type="checkbox"/> Church Group <input type="checkbox"/> Other _____ <input type="checkbox"/> None		

Thanks for showing an interest in the Gordon Andrew Pilot Program. The above information helps us to know a little bit about you and how we could help support you on this program.

Now for the bit that is up to you.....

In your own words & pictures please respond to the four application questions below. You might like to be as creative as you can. Feel free to use more paper or space than provided.

Good luck

G.A.P Steering Committee

Nomination Questions:

(To be filled out by the young person applying only)

1. What are your dreams and what would you like to do over the next few years?

2. What excites you about being part of the Gordon Andrew Program?

3. What kind of job would you like?

4. What things would you like to learn that will help you get a job and be happy?

Nomination Extended - Applications due by 1st March 2010

Please forward to Emma:

Phone: 8342 9658 Fax: 83426869 email: emma@f21.org.au

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