

# 2017 enke: Trailblazer Program Application Form



Hello!

Thank you for your interest in participating in the enke: Trailblazer Program. At enke: Make Your Mark our goal is to inspire, train and support young people to make their mark on their communities, their country and their world. Through the Trailblazer Program you don't just learn how to make a difference in your community. You also learn key skills and practice leading a project, which may help you in the future.

You will walk away from the Trailblazer Program experience inspired to make change happen, not only in your school but wherever you find yourself. The Trailblazer Program has 3 parts that take place over 9 months:

1. **Training at the enke: Forum (December):** the official kick-off of the Trailblazer Program. The Forum is a 5-day residential leadership and personal development camp where you will learn about yourself, key skills for leadership such as communication, project design and teamwork. It's also a lot of fun with hands-on activities and meeting like-minded youth from around South Africa.
2. **Action and project incubation for a Community Action Project (July-April):** Trailblazers commit to implementing a project in their communities to tackle a social issue that you care about. You will apply the skills you learned at Forum. This part of the Program lasts 9 months and you can run as many projects as you would like in that time. The best part? enke will be there to support you every step of the way.
3. **Recognition at the Trailblazer Celebration Event (May):** at the end of the 9 months we bring all the Trailblazers back together to reflect on all our activities. All participants who start a project in the 9 months will receive letters and certificates of completion.

There are limited spaces for the program and selection is competitive. Please make sure to complete all parts of the application form, including parent/guardian signatures required on Pages 8-10.

There is a subsidised participation fee of **R3,500.00** per person. Participation fee waivers/bursaries are available through arrangements with our partner organisations or for individuals who make a special application.

This participant fee includes:

- 5 Days of training at the enke: Forum (residential youth leadership & personal development conference)
- Overnight accommodation and Meals (breakfast, lunch, dinner and snacks) for the duration of the enke: Forum
- Take-home resources
- 9 months of project incubation and support for your community action from a dedicated enke representative.
- Meals and accommodation for Celebration Event at the end of the program
- Leadership and entrepreneurial skills that last a life time

The full value of this nine-month program is R9,750.00 per participant. Thanks to the generous support of our partners, we are able to offer this valuable program for a subsidized participation fee or offer it free of charge to selected participants who have received participation fee waivers through our partner organisations.

Please note that the participation fee does not include transportation to and from the enke: Forum.

# 2017 enke: Trailblazer Program Application Form



## Important Dates - 2017 Limpopo intake

**Date:** Saturday, 01 July 2017, 10am – Thursday, 06 July 2017, 10am.

If you have any further questions about this program and application, please contact 011-403-1241/3 or [trailblazer@enke.co.za](mailto:trailblazer@enke.co.za).

We're looking forward to reading your application and wish you the best of luck!

Natasha Asbury  
Chief Programs Officer  
enke: Make Your Mark

## 2017 enke: Trailblazer Program Application Form Short Answer Questions



| Applicant Information  |  |  |  |
|--|--|--|--|
| First Name:  |  |  |  |
| Surname:   |  |  |  |
| Grade (as of January 2017):  |  |  |  |
| Birth Date: (dd/mm/yyyy)   |  |  |  |
| Age:   |  |  |  |
| Gender:  |  |  |  |
| Race:  |  |  |  |
| Email:   |  |  |  |
| Cellphone number:  |  |  |  |
| Home Phone:  |  |  |  |
| Physical address:  |  |  |  |
| Home Province:   |  |  |  |
| School Information:  |  |  |  |
| Name of school:  |  |  |  |
| School Principal Name:   |  |  |  |
| Teacher Name:  |  |  |  |
| School email address:  |  |  |  |
| School phone:  |  |  |  |
| School Postal Address:   |  |  |  |
| School Province:   |  |  |  |
| School Annual Fees<br>Please indicate which range<br>your annual school fees fall<br>into        | <input type="radio"/> R0.00 - R999.00                | <input type="radio"/> R3,000.00 - R4,999.00    | <input type="radio"/> R10,000.00 - 11,999.00   |
|  | <input type="radio"/> R1,000.00 - R1,999.00          | <input type="radio"/> R5,000.00 - R7,999.00    | <input type="radio"/> R12,000.00 and above   |
|  | <input type="radio"/> R2,000.00 - R2,999.00          | <input type="radio"/> R8,000.00 - R9,999.00    |  |
| How did you find out about<br>the enke: Trailblazer Program?<br><br>Put a tick on all that apply | <input type="checkbox"/> Through my school           | <input type="checkbox"/> Through my<br>parents | <input type="checkbox"/> Through my friends  |
|  | <input type="checkbox"/> Web search (e.g.<br>Google) | <input type="checkbox"/> Facebook              | <input type="checkbox"/> Twitter   |
|  |  |  | <input type="checkbox"/> I know<br>someone who was<br>part of the<br>Trailblazer Program |
|  |  |  | <input type="checkbox"/> Newspaper article   |

# 2017 enke: Trailblazer Program Application Form

## Short Answer Questions



1. Why do you want to participate in the enke: Trailblazer Program?

|  |
|--|
|  |
|--|

List the three achievements you are proudest of, tell us what they are and why you are proud of them? Achievements can be anything you feel is special to you such as friendships made, sport teams you play in, awards, volunteer work you do, projects started, conferences attended, volunteer work you do, business you're involved in, or even something you did for your family.

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**2017 enke: Trailblazer Program Application Form**  
**Short Answer Questions**



3. What is one issue that is having a negative impact on your community that you want to see changed? Write up to 250 words about the issue. You can include an explanation of how this issue makes you feel, why you think it's important, the impact it has on its community and/or the causes you see it having at an individual, local or national level.

A large, empty rectangular box with a black border, intended for the applicant to write their answer to question 3.

# Educator/Organisation Reference



Reference: Please have a school/program representative like a teacher or tutor complete this section of the Application Form.

|  |           |      |            |      |
|--|-----------|------|------------|------|
| Applicant Name   |           |      |            |      |
| <b>Reference Person Information</b>  |           |      |            |      |
| Referee Full Name  |           |      |            |      |
| School/Organization  |           |      |            |      |
| Position   |           |      |            |      |
| Phone Number   |           |      |            |      |
| Email address  |           |      |            |      |
| In your opinion, why should the applicant be selected for the enke: Trailblazer Program?                             |           |      |            |      |
|  |           |      |            |      |
| How do you think the applicant and/or their community will benefit from being part of the enke: Trailblazer Program? |           |      |            |      |
|  |           |      |            |      |
| Please rate the student on the below measures (mark the appropriate header):   |           |      |            |      |
|  | Excellent | Good | Sufficient | Poor |
| Class Participation  |           |      |            |      |
| Demonstrated leadership potential  |           |      |            |      |
| Listening comprehension of English   |           |      |            |      |
| Ability to communicate (speaking) in English   |           |      |            |      |
| Knowledge of community Issues  |           |      |            |      |
| Knowledge of political/national issues   |           |      |            |      |

# DIETARY & MEDICAL INFORMATION



A major part of the enke: Trailblazer Program is attending various training sessions and events. Our priority is to make sure you are safe and happy at every enke event. Please let us know your dietary and health information so that we can do that. All medical information sheets will be held in the strictest confidence, and will be disclosed only as necessary to ensure the health and safety of participants in this event, to seek medical assistance, or otherwise as required by law.

A failure to provide the information may mean that the participant will not be able to fully participate in any events. For more information, please feel free to contact enke: Make Your Mark on [trailblazer@enke.co.za](mailto:trailblazer@enke.co.za).

| APPLICANT INFORMATION   |  |
|---|--|
| Full Name:  |  |
| Birth Date: ( dd/mm/yyyy)   |  |
| Age:  |  |
| Gender:   |  |
| ID / Passport Number:   |  |
| Race:   |  |
| Cell number:  |  |
| Home Phone:   |  |
| Physical address:   |  |
| Province:   |  |
| PARENT/ GUARDIAN INFORMATION  |  |
| Parent/Guardian Name:   |  |
| Parent/Guardian Cell Number:  |  |
| Parent/Guardian Work Number:  |  |
| Parent/Guardian Email:  |  |
| EMERGENCY CONTACT INFORMATION   |  |
| Please provide the contact information of 2 people that we should contact in case of an emergency. Preferably this is an ADULT who knows you personally, knows your parent/guardian and has an awareness of your medical history. |  |
| Emergency Contact 1 Information   |  |
| Emergency Contact 1 Name:   |  |
| Emergency Contact 1 Cell No:  |  |
| Emergency Contact 1 Work Number:  |  |
| Emergency Contact 1 Email:  |  |

# DIETARY & MEDICAL INFORMATION



## Emergency Contact 2 Information

|                                  |  |
|----------------------------------|--|
| Emergency Contact 2 Name:        |  |
| Emergency Contact 2 Cell No:     |  |
| Emergency Contact 2 Work Number: |  |
| Emergency Contact 2 Email:       |  |

**Do you have any of the following dietary restrictions (please tick all that apply)**

|   |  |  |                                |                                     |                                  |   |
|---|--|--|--------------------------------|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Halaal<br>(Islamic food preparation) | <input type="checkbox"/> Kosher<br>(Jewish food preparation) | <input type="checkbox"/> No milk & milk products | <input type="checkbox"/> Vegan | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Fish | <input type="checkbox"/> No tinned food |
|---|--|--|--------------------------------|-------------------------------------|----------------------------------|---|

Other (please specify):

**Do you have any life-threatening allergies? (this would require use of an epi-pen or immediate medical attention.)**  YES  NO

If yes, please explain allergy and history of reactions:

**Do you have any non-life threatening allergies?**  YES  NO

If yes, please explain allergy and history of reactions:

## MEDICAL AID:

**Do you have medical aid? (tick appropriate answer)**  YES  NO

If yes, please provide relevant details below and attach a photocopy of the policy details/card to this form. We strongly advise all participants to obtain medical aid. Participants who do not obtain medical aid do so at their own risk

|                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| Medical Aid Provider:           |  |                           |  |
| Medical Aid Number:             |  |                           |  |
| Name of Member (Policy Holder): |  |                           |  |
| ID Number of Policy Holder:     |  | Phone # of Policy Holder: |  |

## MEDICAL HISTORY:

It is ESSENTIAL that you answer all the below questions truthfully and completely. Failure to do so could prove fatal to yourself and/or other participants in the program. enke: Make Your Mark can take no responsibility for medical problems arising from a participant's failure to disclose a pre-existing condition.

**Do you have a history of any of the below medical conditions ( tick all that apply ):**

|                                     |                          |           |                          |
|-------------------------------------|--------------------------|-----------|--------------------------|
| Respiratory problems? (inc. asthma) | <input type="checkbox"/> | Seizures? | <input type="checkbox"/> |
|-------------------------------------|--------------------------|-----------|--------------------------|



# DIETARY & MEDICAL INFORMATION



|  |  |   |  |
|--|--|---|--|
| Gastrointestinal conditions?   |  | Fainting episodes?                            |  |
| Diabetes?  |  | Diseases of the urinary tract?                |  |
| Hypertension?  |  | Heart or other cardiac conditions             |  |
| Blood conditions? (e.g. haemophilia)   |  | Dietary conditions                            |  |
| Hepatitis or other liver diseases?   |  | Menstrual or other gynaecological conditions? |  |
| Neurological conditions? (inc. epilepsy)   |  | Other   |  |
| If YES to any of the above, please specify details and any medication currently taken (if additional space is required, please attach a signed and dated sheet):   |  |   |  |
|  |  |   |  |
| Do you have any life-threatening allergies? (this would require use of an Epi-pen or immediate medical attention.)   |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain allergy and history of reactions:   |  |   |  |
|  |  |   |  |
| Do you have any non-life-threatening allergies? (this would require use of an Epi-pen or immediate medical attention.)   |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain allergy and history of reactions:   |  |   |  |
|  |  |   |  |
| Have you ever been involved in counselling or psychological therapy of any kind? <i>(tick appropriate answer)</i> If yes, please elaborate below.  |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  |   |  |
| Have you recently suffered any form of musculoskeletal injury? <i>(tick appropriate answer)</i> If YES, please specify details and extent of recovery.   |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  |   |  |
| Do you occasionally use any substances (including cigarettes, alcohol, or narcotics)? <i>(tick appropriate answer)</i> . If yes, please elaborate below.   |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  |   |  |
| Do you have any other medical conditions we should know about? <i>(tick appropriate answer)</i> . If YES, please describe below, including details of the medications and/or specific medical treatments required: |  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  |   |  |

# DIETARY & MEDICAL INFORMATION



## MEDICAL HISTORY WAIVER

The undersigned acknowledge that we have read and understand the information in the "enke: Make Your Mark Medical History Form" and that all of the information provided above is correct and all information regarding the participant's physical and emotional health has been disclosed. We understand that failure to provide accurate disclosure could, at enke: Make Your Mark's sole discretion, result in the participant being sent home immediately at the expense of the participant or his/her parent/legal guardian. By signing below, the signatories also commit to updating enke: Make Your Mark if any of the participant's medical information changes prior to the departure for the enke: Forum.

|   |            |
|---|------------|
| <b>Participant Name (please print):</b>     |            |
| Date:                                       | Signature: |
| <b>Parent/Guardian Name (please print):</b> |            |
| Date:                                       | Signature: |

# PARENT/GUARDIAN CONSENT & CODE OF CONDUCT



## PARENT/GUARDIAN CONSENT & INDEMNITY WAIVER

I, the undersigned,

\_\_\_\_\_ (parent/guardian name),

parent and/or legal guardian of the participant,

\_\_\_\_\_ (participant name)

hereby consent that my child/ward attends events and activities that are part of the 2016 enke: Trailblazer Program, hosted by enke: Make Your Mark. These events include, but are not limited to:

- The enke: Forum – 5-day residential leadership training conference
- In-program coaching sessions
- Trailblazer Program Celebration Event – graduation event

I confirm that my child's/ward's participation in the enke: Trailblazer Program and participation in the related activities is entirely voluntary and I accept all risks involved. By signing below, I hereby indemnify and release enke: Make Your Mark, its staff, volunteers, representatives or any of enke: Make Your Mark's sponsors from any liability to my child/ward of any claim, of any nature whatsoever and howsoever caused to my child/ward which may arise from injury, illness, damage, loss, mishap, accident or any other occurrence, resulting from my child's/ward's direct or indirect participation in the enke: Trailblazer Program events or activities, including traveling to and from the event or service held under the support or sanctioned by enke: Make Your Mark.

In so doing I acknowledge that I am aware of the risks to which my child/ward might be exposed to as a result of such participation and voluntarily accept all such risks. I further indemnify enke: Make Your Mark, its staff, volunteers or sponsors against any claim or legal proceedings instituted by myself or any third party which may arise from taking part in any activity organised by enke: Make Your Mark.

I, the undersigned acknowledge, that I have read the above and have been made aware of the safety aspects pertaining to

the participation by my child/ward in the enke: Trailblazer Program, and that I understand these and accept the risks which are inherent in the participation in the event.

|                              |
|------------------------------|
| <b>Participant Name:</b>     |
| Signature:                   |
| <b>Parent/Guardian Name:</b> |
| Signature:                   |

## MEDIA RELEASE WAIVER

I, hereby grant permission to enke: Make Your Mark, its staff, volunteers or representatives, to take and use photographs/digital images, videotape, audio recording or quoted remarks of my child/ward for use in promotional or educational materials such as printed publications or materials, electronic publications or presentations and web sites. I agree that my child's name and identity may or may not be revealed in descriptive text or commentary in connection with the image(s). I agree that the media may or may not contact my family to speak with my child/ward regarding his/her involvement with enke: Make Your Mark. I authorise the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of enke: Make Your Mark.

I, the undersigned acknowledge, that I have read the above and have been made aware of the safety aspects pertaining to the participation by my child/ward in the enke: Trailblazer Program, and that I understand these and accept the risks which are inherent in the participation in the event.

|                                       |
|---------------------------------------|
| <b>Participant Name:</b>              |
| Date:                      Signature: |
| <b>Parent/Guardian Name:</b>          |
| Date:                      Signature: |

# PARENT/GUARDIAN CONSENT & CODE OF CONDUCT



## PARTICIPANT CODE OF CONDUCT

**The guiding principles behind the enke: Make Your Mark**

**Participant Code of Conduct are to:**

- Ensure that rights of all individuals are protected during the enke: Trailblazer Program
- To establish the safest possible learning environment.
- To ensure that breaches of the Code of Conduct are treated in a fair and consistent manner and within the expectations of enke staff, volunteers and participants.

**For the above to occur the following is expected of**

**Participants in the enke: Trailblazer Program:**

- Respect the dignity, beliefs and constitutional rights of all enke: Trailblazer Program participants.
- Acknowledge the uniqueness and individuality of fellow participants.
- Avoid any form of humiliation, and refrain from any form of abuse, physical or psychological.
- Refrain from improper physical contact with fellow Participants, enke Staff, Presenters and Facilitators. Take reasonable steps to ensure the safety of fellow Participants. Any suspicion on reasonable grounds that any
- Participant has been abused in any manner that has caused mental, physical or sexual harm should be reported immediately.

**Participants are not to engage in the following:**

- The sale, delivery, possession or use of drugs, alcohol or tobacco products. This includes the misuse of prescription and over the counter medication.
- To not engage in risk taking behaviour.
- Not intentionally remove themselves from the supervision of enke Staff, Volunteers, Presenters or Facilitators without express permission to do so.
- Sexual relationships or any unwelcome sexual advance or conduct including lewd remarks, touches, or requests for sexual favours with Participants, Facilitators, Presenters or members of the enke team.
- Participants in pre-existing relationships are expected to refrain from such activity during the enke: Forum. Participants in pre-existing relationships are expected to bring such relationships to the attention of the enke management prior to participation in the program.
- Inappropriate sexual comments, jokes, innuendos, or display of any such material.

- Break any laws of the Republic of South Africa. enke: Make Your Mark holds no responsibility for any Participants who participate or are involved in any criminal activity.
- Bullying or other physical, mental or emotional violence against any participant.
- Disrespectful behavior or direct profanity, vulgar language or obscene gestures towards other Participants, Presenters, Facilitators or enke Staff members or wear offensively worded or graphic clothing.
- Making derogatory statements that may disrupt activities or incite violence.
- The possession of any weapon or dangerous instrument to be used as a weapon.
- Intentional damage to the venue facilities including graffiti. Participants and their families will be held liable for the damages.
- Participants may not at any time leave the venue in which an enke: Trailblazer Program Event is held without permission. Express permission must be obtained from enke staff member to leave for personal reasons and will only be granted in the most extreme situations.

**The following is expected of Participants:**

- To sign and return a Code of Conduct and Medical History and Parent/Guardian Consent Forms.
- To treat all enke staff, volunteers and fellow participants in the enke: Trailblazer Program with respect and dignity.
- To exhibit commitment and enthusiasm in the role of Participant.
- To respect and adhere to local cultural customs and follow the instructions of enke staff regarding culture and customs.
- To wear appropriate, non-proactive attire at all times.
- To not use their cell phone during any program session times. At the enke: Forum, phone use is only allowed between 10:00pm-07:00am each day.
- Participants are responsible for upholding their own behavior that of their peers and are therefore expected to report misconduct, or any suspicion thereof, of any kind immediately to their direct superior.
- To adequately prepare for their participation in the enke: Trailblazer Program.
- To obtain all necessary medical insurance, ensuring a full report of relevant medical conditions and needs has been made to

# PARENT/GUARDIAN CONSENT & CODE OF CONDUCT



enke: Make Your Mark prior to the commencement of the enke: Trailblazer Program.

- To avoid bringing highly valuable items to any enke event. If you bring valuables, you will have to take full responsibility for those items. enke: Make Your Mark does not take any responsibility for items lost during enke events.

enke: Make Your Mark reserves the right to respond as it deems appropriate to action which breaches the Code of Conduct. Possible responses include immediate expulsion from the enke: Trailblazer Program and being reported to your school/third party institution. This agreement and any other agreement relating to the program shall be contemplated as governed by the laws of the Republic of South Africa.

## PARTICIPANT DECLARATION

I have read and accept the enke Participant Code of Conduct. I agree that I will abide by all rules and instructions issued by enke: Make Your Mark staff and supervisory persons and that I will not engage in any behaviour that could result in my breaking the Code of Conduct.

Participant Name:

Date:

Signature:

## PARENT DECLARATION

I have read the enke Participant Code of Conduct and agree to support

\_\_\_\_\_  
(participant name)

in following the rules and instructions issued by enke: Make Your Mark staff and supervisory persons. I accept the responsibility and discretion of enke: Make Your Mark for any action committed by the Participant in contravention of the Code of Conduct. I accept any cost incurred as a result of the participant breaking the Code of Conduct.

Parent/Guardian Name:

Date:

Signature: