

## Application for Mooditj Leader Training discounted fee

### Mooditj Leader Training Perth 19 - 22 September 2017



To apply for a discount, you must commit to run a Mooditj group for young people within 6 months of the training. Your Mooditj group must include at least 5 sessions of the Mooditj program.

Please contact Rose Murray, Mooditj Coordinator, if you would like to talk about your plans or if you want help filling in this application. Her contact details are at the end of this form.

You need to send a registration form with this application. SHQ will notify you as soon as possible whether your application is successful. We will not process your registration fee until you are notified and you confirm you wish to continue with your registration.

**Your name:** \_\_\_\_\_

#### Which discounted fee you are applying for?

| Criteria  | Fee   | Write YES to apply |
|---|-------|--------------------|
| Aboriginal community organisation   | \$200 |                    |
| Non-Aboriginal organisation, working in partnership with an Aboriginal community organisation, or with a letter of support from a local Aboriginal community organisation for this Mooditj group. | \$350 |                    |

Your organisation can apply for Mooditj Teaching Resources on a separate form.

|   |
|---|
| <p><b>Manager approval for this application</b></p> <p>Manager's name _____ Phone _____</p> <p>Organisation _____ Position _____</p> <p>I give approval for _____ to attend this training.</p> <p>I have approved their plans for involvement in running a Mooditj group as described below.</p> <p>Manager's signature _____</p> |
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#### Tell us about your plans for a Mooditj group:

**Town/suburb/community where the Mooditj group will be run:** \_\_\_\_\_

**Who will be responsible for organising the Mooditj group?**

|              |
|--------------|
| Name         |
| Organisation |
| Role         |
| Phone        |
| Email        |

**Who are the other Mooditj Leaders you will run the program with?**

(Note: Mooditj Leaders must complete/have completed the Mooditj Leader Training and have a current Working with Children Check. At least one of the Mooditj Leaders must be Aboriginal.)

| <b>Co-leader 1</b> | <b>Co-leader 2 (if applicable)</b> |
|--------------------|------------------------------------|
| Name               | Name                               |
| Organisation       | Organisation                       |
| Role               | Role                               |
| Phone              | Phone                              |
| Email              | Email                              |

**Names of other support people:**

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**Do you already have a group of young people that you plan to run the Mooditj program with?**

**If yes:**

**Who are the young people you plan to run Mooditj with? (Include approximate numbers)**

|  |
|--|
| Who are the young people?                      |
|  |
|  |
| Ages   |
| Genders  |
| Aboriginal young people                        |
| Non-Aboriginal young people                    |
| How are you connected with these young people? |
|  |
|  |

**If no:**

**Tell us about the group you hope to have and how you will recruit them.**

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**Why have you decided to run a Mooditj program with this group? (Are there any recent concerns or issues?)**

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**How many Mooditj sessions do you plan to run? (e.g. 5 or 10 sessions) \_\_\_\_\_**

**Mooditj can be run in different ways – such as 1 or 2 sessions a week, or over a few days in a holiday program or camp. How do you plan to run your Mooditj program?**

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**When? Start \_\_\_\_\_ Finish \_\_\_\_\_**

**Do you have a suitable place to run the program? Where?**

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**I agree to give SHQ information about the Mooditj sessions I run Yes / No**

**Please send your application to Katrina Duncan:**  
[katrina.duncan@shq.org.au](mailto:katrina.duncan@shq.org.au) or fax to 9227 6871  
or at SHQ, 70 Roe St, Northbridge 6003

**For more information contact:**  
Rose Murray, Mooditj Coordinator  
9227 6177 or [rose.murray@shq.org.au](mailto:rose.murray@shq.org.au)

Office use only

Date received: \_\_\_/\_\_\_/\_\_\_ Discount approved YES / NO Name/Signature \_\_\_\_\_

Date applicant notified: \_\_\_/\_\_\_/\_\_\_ Name/Signature \_\_\_\_\_

Amount to be paid \_\_\_\_\_