

## Indigenous Youth Leadership Program (IYLP)

### Instructions and Tips

#### Answer all questions to the best of your ability

- Please ensure your printing is clear and easy to read (use blue or black pen)
- You can get assistance with the application, but you **MUST WRITE YOU OWN ANSWERS IN YOUR OWN HANDWRITING**. You can add extra sheets of paper if you run out of space on the form, or if you have other information that you believe may help your application.
- Make sure you add attachments
- Write your name on the top of every page
- Sign and date the form when you finish
- You can fax, email, post or hand-deliver your application

### Eligibility

#### To be eligible for the IYLP scholarship program you must identify with the following categories:

- You must be of Australian indigenous descent
- Be ABSTUDY ELIGIBLE
- Have kinship affiliation to the Cape York and Yarrabah communities
- Plan to study full time on campus
- Be 17 –25 years of age
- Be currently enrolled in a tertiary program or plan to enrol in an undergraduate program
- Currently completing Year 12 or successfully completed Year 12 (with an OP Score)
- Lowest levels considered for IYLP is Diploma level at university.

### Information on selection process

#### Participants should be aware of the following selection process:

- Priority will be given to those applicants who will be undertaking university studies and have relocated specifically to take up studies.
- Applications are competitive and limited places are available on the program
- Final selection will be through a process of an interview and a panel

### Personal Details

Surname: _____ (Please use name on ID)	Given Name: _____ (Please use name on ID)
Preferred Name: _____	Age: _____ Date of Birth: _____
Languages Spoken: First Language: _____ Other Languages: _____	Contact Details: Home Address: _____ City/Town: _____ State: _____ Code: _____ Phone: _____ Mobile: _____ Email: _____
What Cape York community are you from?	
What is the best way to contact you?	

### Course Details

What are you studying? _____
Do you have second preference? _____
Are you currently enrolled? _____
Which institution are you enrolled at or plan to enrol at? _____ _____
Have you ever previously applied to study at university but not gone on to study or have not completed the program: YES or NO If so, please give details of the course/s, institution, years enrolled etc. _____ _____
If you have previously applied to university, what type of entry did you apply for? Mainstream (OP), Alternative, STAT test, Interview, Indigenous Unit, Other _____ _____
Have you successfully completed any short courses or professional development programs since finishing school? YES or NO

If so please give details:

---



---



---

### Education Details

Level	Name of Institute (e.g. Western Cape College)	Town or city where you studied	Years attended	Qualifications you were hoping to obtain	Highest qualification or year completed (e.g. Yr10, Yr12, Cert II Mechanics)
<b>Secondary</b> (you must attach a photocopy of your reports, OP score or certificate of completion)					
<b>TAFE</b> (you must attach a photocopy of transcripts and certificate of completion attained)					
<b>University</b> (you must attach a photocopy of transcripts where available)					

**IMPORTANT NOTE:** If you are currently enrolled in your course please attach the following

- Copy of Confirmation of Abstudy eligibility
- Copy of Confirmation of Enrolment
- Previous Semester Results (copy of official transcript only)

### Work Experience / History Details

**Please describe any jobs you have had – they may be paid, voluntary, short term or part of CDEP.** You can attach extra sheets if there is not enough room below.

#### Job 1

Your position: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date (if applicable): \_\_\_\_\_

Type and hours of employment (please tick each that applies):

Ordinary Employee	Apprentice/Trainee	CDEP	Volunteer
Full-time	Part-time	Casual	Hours worked per week:

Did you get any training? If so, in \_\_\_\_\_

---



---

**Job 2**

Your position: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date (if applicable): \_\_\_\_\_

Type and hours of employment (please tick each that applies):

Ordinary Employee	Apprentice/Trainee	CDEP	Volunteer
Full-time	Part-time	Casual	Hours worked per week:

Did you get any training? If so, in \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family and Community**

Please consider the following questions carefully before answering.

Are you willing and ready to leave your community for three or four years to study at university? **YES / NO**

Have you lived away from home before? Please give details. **YES / NO**

\_\_\_\_\_

Do you have family members who you believe will support you emotionally and financially while you are studying away from home? **YES / NO**

Name at least two people who would be willing to be contacted in regards to your application. They do not need to be immediate family members.

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

What is your relationship with them: (i.e. teacher, parent, mentor, etc.) \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

What is your relationship with them: (i.e. teacher, parent, mentor, etc.) \_\_\_\_\_

**Benefits of the Program**

Why do you think you should be considered for the Cape York Academic Leaders Program – Tertiary?

OPTIONAL: You are welcome to use the space below to write down any other information you think may assist your application.

**Attachments**

Please ensure you have the following information attached.

- **Attachment 1—Confirmation of ancestral affiliation with a Cape York community..** This form will be used to confirm your eligibility to be admitted to the Tertiary scholarship program. It will also assist in indigenous specific scholarships, funding, grants etc. Please make sure that it is stamped with the Company Stamp and signed and dated by two current committee members.
- **Attachment 2(a) and 2(b) - Two Referee Reports supporting your application.** This report should be from your teacher, an employer, a work supervisor, sports coach or a business person in the community who has known you for at least two years.

Other attachments (as applicable):

- Copy of Confirmation of Enrolment (for those already enrolled)
- Copy of Confirmation of Abstudy eligibility
- Previous Semester Results
- Year 12 results
- Other certificates of accreditation and supporting documentation.

**Sign and Date**

IMPORTANT NOTE: Please read before signing.

The Tertiary scholarship program was established to provide a strong and cohesive support base for indigenous university students from the communities of Cape York and Yarrabah. The intensive case management element of the program is designed to ensure that all students offered a scholarship receive all the necessary support they require to graduate. It is therefore essential that applicants who are offered this scholarship are prepared to study hard and succeed.

BY SIGNING BELOW I UNDERSTAND THAT I WILL BE AGREEING TO THE FOLLOWING:

- I give permission to Cape York Institute to contact my current and past school(s) or employer(s) for information about my attendance, performance and work ethic.
- I will attend and fully participate in Tertiary Induction activities and workshops.
- I will attend a Personal and Professional Development Planning session
- I will respond promptly to messages and emails from the program staff.
- I will help CYI arrange for me to take a simple literary test to assist in deciding on my application.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submitting your application

Send your application to:

**Post:** Cape York Leaders Program – Tertiary  
Cape York Institute for Policy and Leadership  
PO Box 677  
Cairns North, QLD 4870

**By E-mail:** thunting@cyp.org.au

**By Fax:** (07) 4046 0600

**By hand:** 302-310 Sheridan Street, Cairns 4870

Office use only:

Notes:

Date Received:

Application Registered:

Applicant Eligible:

Paperwork Completed:

Your Full Name:.....

**Attachment 1 – Confirmation of Aboriginality/Community Affiliation**

**Please note: You may either attach this signed and stamped form or an equivalent that is available from your Council or Aboriginal Corporation**

I \_\_\_\_\_  
(first name) (other name) (surname)

born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_  
(date of birth) (location of birth)

and now living  
at \_\_\_\_\_

(Your full address)

Declare that I am Aboriginal and/or Torres Strait Islander (cross out whichever does not refer to you).

My mother's name  
is/was: \_\_\_\_\_

My father's name  
is/was: \_\_\_\_\_

The language group and/or home  
community are \_\_\_\_\_

Culturally I identify  
as \_\_\_\_\_

I have lived in this community \_\_\_\_\_ years  
for \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by an incorporated Aboriginal and/or Torres Strait Islander organisation or association within the applicant's community.**

The above person is accepted and recognised as a member of the Cape York community of

Name of Organisation: \_\_\_\_\_

Address of  
Organisation: \_\_\_\_\_

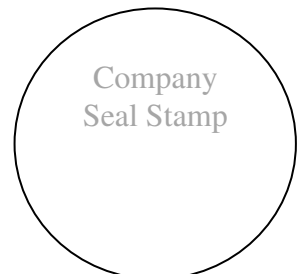
Name: \_\_\_\_\_ Position\*:: \_\_\_\_\_

Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position\*: \_\_\_\_\_

Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*These signatories must not be members of the applicant's family.



**Attachment 2A – referee report supporting your application**

**To be filled out by a person (not a family member) who has supervised the applicant in a work, community project and/or academic setting and has known the applicant for more than 12 months.**

Applicant's name: .....

Your name: .....

Your organisation: .....

Address: .....

I am happy to be contacted to give a verbal reference for the applicant **YES / NO**

If Yes, contact number during business hours: .....

Applicant's academic ability and achievements:

.....  
.....  
.....

Applicant's community leadership potential:

.....  
.....  
.....

Applicant's work experience and professional skills:

.....  
.....  
.....

Applicant's character, trustworthiness and commitment:

.....  
.....  
.....

Signature: ..... Date: .....

**Attachment 2A – referee report supporting your application**

To be filled out by a person (not a family member) who has supervised the applicant in a work, community project and/or academic setting and has known the applicant for more than 12 months.

Applicant's name: .....

Your name: .....

Your organisation: .....

Address: .....

I am happy to be contacted to give a verbal reference for the applicant **YES / NO**

If Yes, contact number during business hours: .....

Applicant's academic ability and achievements:

.....  
.....  
.....

Applicant's community leadership potential:

.....  
.....  
.....

Applicant's work experience and professional skills:

.....  
.....  
.....

Applicant's character, trustworthiness and commitment:

.....  
.....  
.....

Signature: ..... Date: .....