



**EMMAUS AUSTRALIA**  
**BRISBANE NORTH COAST**  
**COMMUNITY**



**APPLICATION FORM: WALK TO EMMAUS**

**Title** (circle one): Mr Mrs Miss Ms Dr Rev Pastor Other ..... **Gender:**  Male  Female

**Surname:** ..... **Preferred Christian name:** .....  
*(This name will appear on your name badge)*

**Address:** ..... **Postcode:** .....

**Email:** ..... **Date of birth:** .....

**Phone:** Home ..... Work ..... Mobile: .....

**Occupation** (optional): .....

**Church:** ..... **Denomination:** .....

**Minister/Pastor:** ..... **Phone:** .....

**Emergency contact:** ..... **Phone:** .....

**Has this event been explained to you?**  No  Yes *For any questions, please contact your sponsor.*

State briefly why you would like to attend: .....

.....

**HEALTH AND DIETARY INFORMATION**  
*Please complete the following medical and dietary information, to assist us to ensure you have a safe and enjoyable time.*  
*If you need more space, please attach a separate sheet*

**Do you require MEDICATION at set times in the day?**  No  Yes **If yes, please specify:**  
*Medication Dosage Frequency / Timing*

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

*We will assign a team member to remind you at the appropriate time. If space is insufficient, please attach a list.*

**Do you have any MEDICALLY REQUIRED DIETARY requirements?**  No  Yes **Please specify:**  
 Vegetarian  Vegan  Diabetic  Gluten free  Dairy free  Lactose free  
 Other: .....

**Do you suffer from any ALLERGIES?** (Allergies to Food / Food Additives / Medications/ bites / stings)  No  
 Yes Please specify: .....

.....

**Are there any Ailments or Impairments (visual or hearing) that the team needs to be advised of?**  
 For example, are you able to use stairs? Do you use mobility aids e.g., wheeled walker, cane etc ?  
 If so, please provide details: .....

.....

..... *Please turn over*

## SLEEPING ARRANGEMENTS

Do you have a strong bunk preference?  Yes, top bunk  Yes, bottom bunk  No, either.

Do you require overnight power (e.g. for a CPAP machine)?  Yes. If so, please bring a small extension cord.

## INFORMATION PRIVACY

The information sought in this application is required to enable us to fulfil our duty of care to those attending the event. After your attendance is confirmed it will be forwarded to the director of the event, and during the process of organising the event it will be shared with appropriate team members, where it will be kept strictly confidential. Some of the basic information in the top half of page 1 of this form will be kept and may be used in future to inform you of future activities; at any time you may ask to be removed from the mailing list. Other details will be destroyed after the event.

At the end of the event a list of names and contact details (but not church affiliation or date of birth) will be provided to those who attend so they can keep in touch with each other.

**Place a cross here**  if you are **NOT** willing for any of your contact details to be included in the list.

- I authorise the use of the information provided in this form for the above-mentioned purposes.
- I authorise the Brisbane North Coast Emmaus Community and the leaders of the event, in the event of my sustaining injury or illness, to obtain at my expense any medical treatment they consider necessary.

.....  
Name (please print)

.....  
Signature

.....  
Date

## COSTS AND PAYMENT

Applications should be submitted as soon as possible but are not specific to a given date. The dates of the next Walk to Emmaus will be confirmed when a sufficient number of applications have been received. Your sponsor can keep you informed of the likely dates.

The cost of the event is \$375 and full payment is required at least a month before the event.

Bank account: BSB 334 040 Account 553890883 – please include applicant’s surname as a reference

***When completed, this form should be returned to your sponsor.***

## FOR SPONSOR USE ONLY

Name: ..... Phone: ..... (H); ..... (M)

Address: .....

Email: ..... Contact number during the event: .....

Your Walk No: ..... Location: ..... Date: .....

Will you pray for and support the applicant and family before, during and after the event? .....

Does the applicant have a spouse who is also being sponsored at this time?  Yes  No  
(NB: Upper Room policy is that couples should both attend wherever possible)

Who will pay the fees?  Applicant  Sponsor  Shared  Community

Why do you commend this applicant? .....

.....

**Sponsors**, please ensure all sections of this form have been completed and then forward to the Registrar:

R Fletcher, 7 Matilda Ct, Murrumba Downs QLD 4503, or scan and email to [registerbrisbanenrthcoastemmaus@gmail.com](mailto:registerbrisbanenrthcoastemmaus@gmail.com)