



# **Antara Association Incorporated**

PO BOX 83 202, AUCKLAND, NEW ZEALAND

## **ANTARA YOUTH RETREAT** **APPLICATION FORM**

This application form should be completed and brought with you to your interview. We will want time to read over your responses before discussing it with you.

Interviews may take up to an hour and are held at the Antara Free Natural Health Clinic, 66 Taikata Rd, Te Atatu North. An appointment time can be made by calling the clinic on (09) 834-7987 between the hours of 10am and 3pm, Monday to Friday.

The interview is informal and should be treated as a two-way discussion where you have an opportunity to find out as much about us as well. Parents, partners, etc. are not permitted to be part of this process.

We respect and understand the private and delicate nature of some of the questions. Therefore, know that what you write and say here will be held under the strictest confidence whether or not you participate in the Antara Youth Retreat programme.

If you do not understand any of the questions or need help, do not hesitate to call the Antara Free Natural Health Clinic on (09) 834 7987, Monday to Friday, 10am to 3pm. A message can be left if you phone outside these hours.

If there is not enough room for your answers, continue on a separate sheet of paper remembering to number your answers. Read through the form first before filling it in. Think carefully and take your time with your answers.

Thank you for your interest in the Antara Youth Retreat.

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Given Name(s): ..... Surname: .....

Postal Address: .....

Date of Birth: ..... Daytime Phone: ..... Evening Phone: .....

Full Name of Parent(s) or Guardian(s): .....

Daytime Phone: ..... Evening Phone: .....

*Referees must be people other than your parents or guardians e.g. teacher, employer, counsellor, neighbour, doctor, etc.*

Full Name of First Referee: .....

Relationship to Referee: ..... Daytime Phone: ..... Evening Phone: .....

Full Name of Second Referee: .....

Relationship to Referee: ..... Daytime Phone: ..... Evening Phone: .....

Current Status: (Tick all boxes that are appropriate)

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> A School Student | <input type="checkbox"/> A Tertiary Student  | <input type="checkbox"/> Employed   |
| <input type="checkbox"/> Self-Employed    | <input type="checkbox"/> Receiving a Benefit | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part Time Job    |  |                                     |

Name of Your Current or Most Recently Attended School: .....

School Contact Name & Phone: .....

Name of Your Current or Most Recent Employer: .....

Employer's Contact Name & Phone: .....

Studies Started or Completed Since Leaving School: .....

1. How did you hear about us? Please give details. If you were referred to us by someone, please list.
  
2. Have you applied to attend the retreat in the past? If yes, please give details.

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3. Have you been to any other organisations for help? Please give details.
  
4. Why do you want to participate in the Antara Youth Retreat programme?
  
5. Tell us about yourself - your likes, dislikes, interests, skills that you possess, things that you think that you do well, etc.
  
6. How would you describe your family life including relationships with other members?
  
7. Describe your school experience. What was school like for you?
  
8. How well do you get along with others? Discuss.
  
9. Are you currently taking any medication? What is the purpose of the medication? Please describe any other health issues you think we need to be aware of including allergies.
  
10. Have you ever been charged with a criminal offence or had any other Police or Youth Aid involvement? Please detail.
  
11. Have you ever suffered from or been affected by any of the following?

|  |  |
|--|--|
| <input type="checkbox"/> Death of someone close to you | <input type="checkbox"/> Relationship break up |
| <input type="checkbox"/> Drug or alcohol abuse         | <input type="checkbox"/> Verbal abuse          |
| <input type="checkbox"/> Physical abuse                | <input type="checkbox"/> Sexual abuse          |
| <input type="checkbox"/> Mental illness                |  |
  
12. Have there been other traumatic experiences in your life that you believe have affected you in any way? Please explain

