

# TASMANIAN PILGRIMAGE TO WORLD YOUTH DAY 2019, PANAMA APPLICATION PACK



Archdiocese  
of Hobart

## **HOW TO APPLY**

### **Step One: Complete necessary forms**

Included in this application pack are a number of forms that you need to complete. These forms can be typed or completed in black/blue ink pen, however, all signatures must be signed in blue/black ink pen only. Typed signatures will not be accepted. Forms must be finished and correct to the best of your knowledge. Forms to be completed are:

- ☐ Application Form
- ☐ Application Questions
- ☐ Referee Form
- ☐ Confidential Medical Report
- ☐ Confidential Medical Report: Authorisation
- ☐ Pilgrim Code of Conduct
- ☐ Authorisation & Agreement
- ☐ Asthma/Allergy Management Details

All information is collected, used, stored and disposed of in line with the Archdiocese of Hobart's Privacy Policy.

### **Step Two: Return ALL COMPLETED Forms to:**

Tomasz Juszczak  
35 Tower Road  
New Town  
TAS 7008

OR

Scan and email to: [youth@aohtas.org.au](mailto:youth@aohtas.org.au)

### **Step Three: Response from Office of Youth Evangelisation**

You will be notified when your completed forms have been received and processed by the Office of Youth Evangelisation. At this point we will advise whether your application will progress to the interview stage.

### **Step Four: Interview**

The Office of Youth Evangelisation may request an interview with applicants. The pilgrimage has a limited number of pilgrim spots available and the interview may assist in determining the suitability of applicants. Our priority will be to take as many people as possible; if, however, we are not able to do so, we will look at the suitability of pilgrims using a number of factors, one of which may be an interview.

### **Step Five: Online Component and Deposit**

When you receive notification from the Office of Youth Evangelisation that your application has been formally accepted, you will need to complete your registration by placing a \$600.00 non-refundable deposit.

If you have any questions at any point of the application process, please do not hesitate to contact Tomasz on **6208 6038** or **0400 045 368** or email [youth@aohtas.org.au](mailto:youth@aohtas.org.au)

## **FAQ's**

### **1. Who organises the Tasmanian Pilgrimage to World Youth Day?**

The Tasmanian Pilgrimage to World Youth Day 2019 (WYD19) is organised and coordinated by the Office of Youth Evangelisation (OYE), the agency for youth and young adults in the Archdiocese of Hobart. The Director of the Office of Youth Evangelisation and Pilgrimage Coordinator is Tomasz Juszcak. Tomasz has worked in youth ministry for over 6 years and has led a number of international World Youth Day pilgrimages.

OYE will organise all aspects of the pilgrimage including travel logistics, preparation, the pilgrimage itself, and debrief/follow up activities.

### **2. What is the age limit for the Tasmanian WYD19 Pilgrimage?**

Applicants MUST be 18 - 35 years of age as of 16 January 2019.

### **3. What will supervision look like during the pilgrimage?**

All pilgrims will be allocated to a small group made up of 6 – 10 pilgrims with a group leader. It is the responsibility of the pilgrim to ensure their small group leader knows where they are at all times. The small group leader is able to keep a general eye on the pilgrims in their group to ensure they are coping with the pilgrimage and is someone a pilgrim can go to if they are having any difficulties. Your leader is someone you will get to know well and build a relationship with throughout the preparation program. Small groups will also gather to debrief at the end of a day, or for prayer and reflection.

Small group leaders will be 21 years or older and will undergo leadership preparation in addition to the pilgrim preparation program. This program will include their own personal faith development, duty of care, debriefing techniques, emergency procedures and the support of fellow leaders.

### **4. What is the pilgrim preparation program?**

The pilgrim preparation program is an integral part of the WYD Pilgrimage. Your pilgrimage starts the moment you decide whether or not you will attend WYD. The preparation program includes a state-wide weekend retreat, gatherings/formation nights, parish fundraising efforts, and debrief activities. These activities are essential to ensuring that pilgrims are spiritually, emotionally, physically and mentally prepared for an experience like WYD19. This is so pilgrims make the most of the experience and are equipped to deal with situations arising at WYD.

By registering for the WYD19 Pilgrimage, pilgrims are also committing to all of the preparation program (details included in this pack). While we understand there are sometimes urgent engagements that may require pilgrims to miss a preparation event, there is an expectation that pilgrims attend all preparation activities.

### **5. What costs are involved?**

The cost for the Tasmanian Pilgrimage to WYD19 is **\$5700**. This includes flights, all on ground transport, most meals, accommodation, travel insurance and WYD19 Registration.

Other costs you will need to take into consideration include: the purchase of an ESTA Visa (US\$14), some meals whilst on pilgrimage, and any spending money for additional snacks or other personal purchases.

The pilgrim preparation program also includes an overnight Pilgrim Retreat in November which will cost \$100.

**N.B.** Full payment is due by 1 November, 2019.

**6. What if I am unsure about whether I will join the Pilgrimage?**

A Pilgrimage to World Youth Day requires a significant commitment from the pilgrim. This commitment includes time to properly prepare yourself to travel to the other side of the world; to be prepared spiritually, emotionally and physically for all aspects of a WYD pilgrimage. On top of this, there is a significant financial commitment and commitment to fundraising efforts.

The earlier you make the decision to commit to going to WYD, the more time you will have to properly prepare so that you will get the most out of the WYD19 pilgrimage experience.

Registering for the WYD19 Pilgrimage also requires a non-refundable, non-transferable \$600 deposit. If you were to register now, and then decide later that you are unable to go, you will lose this \$600 deposit. This obviously involves a level of risk, however, OYE requires that you register no later than 8 September 2018.

**7. What if I am not Catholic?**

Everyone is welcome to join the pilgrimage regardless of your faith background. It is important to remember, however, that this is a Catholic event, and there is an expectation that you will participate in all aspects of the pilgrimage in a positive and active manner. This will include Mass, Prayer, Catechesis as well as reflections, debriefs and other activities based on the Catholic Faith Tradition.

**8. Where can I get more information on specific pilgrimage details like itinerary, potential vaccinations, payment options, safety etc.?**

More information on the pilgrimage can be found on the Tasmanian Pilgrimage to World Youth Day Panama website. The link to the website can be found at [hobart.catholic.org.au](http://hobart.catholic.org.au)

**9. Where can I go if I have further questions?**

If you have any further questions about World Youth Day, the Tasmanian Pilgrimage group or the application process, please do not hesitate to contact Tomasz at the Office of Youth Evangelisation on **6208 6038** or **0400 045 368** or [youth@aohtas.org.au](mailto:youth@aohtas.org.au)



## **KEY DATES/PREPARATION PROGRAM**

<b>Month</b>	<b>Event/Activity</b>	<b>Details</b>
<b>2018</b>		
July	<b>WYD Applications OPEN</b>	Information can be found at <a href="http://hobart.catholic.org.au">hobart.catholic.org.au</a> (WYD link)
July - September	Fundraising in Parishes	Contact your local parish and get involved in fundraising activities
8 September	<b>WYD Applications CLOSE</b> (deposits due)	Information can be found at <a href="http://hobart.catholic.org.au">hobart.catholic.org.au</a> (WYD link)
22 September	Second payment due	If you are having any difficulty with payments, please contact Tomasz
16 October	WYD formation Night # 1	The night will include several aspects of preparation and formation for the pilgrimage
30 October	WYD formation Night # 2	The night will include several aspects of preparation and formation for the pilgrimage
1 November	FINAL PAYMENT DUE	If you are having any difficulty with payments, please contact Tomasz
10-11 November	WYD Pilgrim Retreat (Launceston) Cost: \$100	All pilgrims will gather for a formation retreat which will be designed to assist in preparation for WYD.
27 November	WYD formation Night # 3	The night will include several aspects of preparation and formation for the pilgrimage
11 December	WYD formation Night # 4	The night will include several aspects of preparation and formation for the pilgrimage
<b>2019</b>		
13 January	World Youth Day Commissioning Mass	We will come together for a mass with the Archbishop where we will officially be commissioned as WYD pilgrims of our Archdiocese
16 Jan – 3 Feb	<b>Tasmanian Pilgrimage to World Youth Day Panama</b>	Will be on the pilgrimage!
March/April	WYD19 Reunion Event	Chance to discuss, debrief and meet with fellow pilgrims

*\*\*N.B. these dates are indicative only and may be subject to change\*\**

## **APPLICATION FORM**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parish: \_\_\_\_\_ School/Organisation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Expiry: \_\_\_\_\_

*Please Circle*

Have you completed and attached the application questions? Yes / No

Have you completed and attached the referee form? Yes / No

Have you completed and attached the medical form & authorisation? Yes / No

Have you read, understood, signed & attached the code of conduct? Yes / No

Have you completed and attached the authorisation & agreement form? Yes / No

I, \_\_\_\_\_ (insert your full name) have read all the information included in the application pack and would like to submit my application to join the Tasmanian Pilgrimage to World Youth Day 2019 in Panama, coordinated by the Office of Youth Evangelisation, Archdiocese of Hobart.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION QUESTIONS

*Please give a brief answer to the following questions in the space provided:*

1. Why would you like to join the Tasmanian Pilgrimage to World Youth Day 2019, Panama (WYD19)?
2. What do you hope to gain from this experience?
3. Have you ever been to a previous WYD or other Christian festival event (e.g. Australian Catholic Youth Festival)? If so, what was your highlight at the event?

4. What would you consider to be an important part of your preparation for WYD19?

5. What challenges do you think you will face on the pilgrimage to WYD19?

6. How do you think you might be able to overcome such challenges?



7. What are you looking forward to most at WYD19?
8. Describe one moment in your life that you consider to be crucial in your personal faith development and explain why?

## REFEREE FORM

Your referee should be someone who knows you (over 18), and, where possible, someone connected to the Church/your parish (e.g. Parish Priest, parishioner) or your school/workplace. This person cannot be related to you. Ideally, this form will be returned to the **pilgrim to submit with their application. If the Referee would prefer to submit this confidentially, they may send it to: Tomasz Juszczak, Office of Youth Evangelisation, 35 Tower Rd, New Town, 7008 or scan and email it to [youth@aohtas.org.au](mailto:youth@aohtas.org.au)**

**The form can be typed or filled out using blue/black pen, however, signatures must be signed using blue/black pen.**

**Referee Contact Details:**

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

Address:

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail:

Who this referral is for: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Referee Questionnaire:

1. To what extent is the pilgrim involved in the parish/organisation and how do you see them being involved on their return?
2. How do they relate in a group situation?

3. Could you comment on the spiritual maturity of the pilgrim and/or their openness to the Catholic faith?

4. How do you see this person benefiting from this pilgrimage experience?

5. Any additional comments:

I, \_\_\_\_\_ recommend \_\_\_\_\_ for the  
*(Insert your Full Name)* *(Insert Pilgrim's Name)*

Tasmanian Pilgrimage to World Youth Day 2019 in Panama City, Panama.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONFIDENTIAL MEDICAL REPORT**

*The information collected in this medical report is requested in order to provide a health service to the person and to assist in case of illness or accident during the preparation program and the Pilgrimage to WYD. This information must be completed with the **utmost accuracy**.*

*If you fail to provide to us complete and accurate medical information, Pilgrimage Coordinators, Group Leaders and the Roman Catholic Church Trust Corporation of the Archdiocese of Hobart accept no liability or responsibility for illness, accident or harm caused to the pilgrim during the preparation program and the Pilgrimage to WYD as a result of a failure to disclose. You agree to waive your rights to recover any loss, cost, damage or expense from the Pilgrimage Coordinators, Group Leaders and the Roman Catholic Church Trust Corporation of the Archdiocese of Hobart if you suffer any hurt, illness, accident or harm during the preparation program and the Pilgrimage to WYD as a result of a failure to disclose.*

*Information will be held in confidence by the Pilgrimage Coordinators and/or Group Leader and only made available to medical personnel and other necessary people in the case of emergency. See our Privacy Policy for further details.*

Pilgrim Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### **Emergency Contact (must be contactable during the full pilgrimage)**

Full Name: \_\_\_\_\_ Relationship to Pilgrim: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **MEDICAL INFORMATION**

Medicare Number: \_\_\_\_\_

Private Health Fund (if applicable) Provider Name: \_\_\_\_\_

Table / Number: \_\_\_\_\_

Travel Insurance Provider: Catholic Church Insurance

Travel Insurance Membership Number: \_\_\_\_\_

**N.B.** Travel Insurance is included as part of the pilgrimage package. The Insurance purchased has been specifically tailored to World Youth Day groups via Catholic Church Insurance, making both group and individual claims easier in the case of any problems occurring.

I understand that as part of the Tasmanian Pilgrimage to World Youth Day Panama, travel insurance will be purchased on my behalf through Catholic Church Insurance. I understand it is my responsibility to notify the pilgrimage coordinators if I believe the travel insurance is not adequate for my personal needs such as pre-existing medical conditions.

Please Circle

YES / NO

Do you have special dietary needs?

YES / NO

**Please note:** as we will be travelling in foreign countries, the organisers cannot guarantee that every requirement can be accommodated at all times. If you have a condition that may result in illness, please record this on the Allergy Management Form attached.

Do you have any of the following:

Asthma*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraine headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phobias	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bleeding disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sight/hearing problems (significant)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attention Deficit Disorder (ADD/ADHD)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy, fits or blackouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mental Health Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limited Mobility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart condition of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chronic Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any ankle/knee/joint problems?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you suffered any serious injuries in the last 12 months?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wear contact lenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*If you selected 'yes' to Asthma or Allergies. Please also complete attached Asthma/Allergy Management Details

If you answered 'Yes' to any of the above, please provide details, including a management plan (attach extra sheet if required)

Are you taking any medication?

YES / NO

*If yes, please provide details, including: name of medication, dosage, and any other important information*

Are you a capable swimmer?

YES / NO

Blood Type (optional):

Year of last Tetanus immunisation:

Have you been immunised for Yellow Fever?

YES / NO

Name and Phone Number of GP:

## **CONFIDENTIAL MEDICAL REPORT: AUTHORISATION**

*Please be advised that failure to provide the below information may lead to refusal of the applicant to be accepted for the pilgrimage.*

I hereby authorise the leader in charge of the pilgrimage / supervisor of the particular activity in which I am involved, to consent, where it is impracticable to communicate with me / with my nominated contact person, to myself receiving such medical or surgical treatment as the leader may deem necessary at any time during the preparation program and the pilgrimage to WYD.

YES / NO

I hereby authorise and consent to the leaders in charge of the pilgrimage, The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart and The Australian Catholic Bishops Conference (hereafter the Organising Bodies), its employees, medical personnel, volunteers, agents, officers and contractors, obtaining and administering medical or dental assistance including paracetamol and "over the counter" pain killers, travel sickness medication, first aid, transport, blood transfusion and/or anaesthetic if required during the preparation program and the pilgrimage to WYD.

YES / NO

I agree to indemnify and keep indemnified the Organising Bodies and their employees, volunteers, agents, officers and contractors for any liability, loss, cost, damage or expense (including legal fees on an indemnity basis) that the Organising Bodies incurs because of any claims, actions, suits or demands (including for personal injury or death) which are made arising out of or in connection with the performance of any medical procedure in relation to such medical or dental assistance if required during the preparation program and the pilgrimage to WYD.

I understand that every effort will be made by the leader firstly to contact my nominated contact person in the event of any illness or accident.

YES / NO

To the best of my knowledge, all information provided in this confidential medical report is full and correct

YES / NO

*To be signed by the pilgrim.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**It is recommended that pilgrims see their doctor before departing; and any updates of medical forms should be forwarded to the Pilgrimage Coordinator.**

**Tomasz Juszczak**

35 Tower Rd, New Town, TAS 7008

Ph: 6208 6038 Mob: 0400 045 368 E: [youth@aohtas.org.au](mailto:youth@aohtas.org.au)

**Medical forms must be signed in ink. Typed signatures are not acceptable.**



## **PILGRIM CODE OF CONDUCT**

The Pilgrim Code of Conduct has been developed to ensure the comfort and safety of every pilgrim on the Tasmanian Pilgrimage to World Youth Day Panama (WYD19). The code of conduct aims to foster a positive environment of inclusivity and participation, so that every pilgrim may have the opportunity to make the most of their pilgrimage experience.

**Pilgrims MUST read and agree (by signing below) to the Pilgrim Code of Conduct to be a part of WYD19.**

In undertaking this pilgrimage, (including any and all preparation activities, the pilgrimage to World Youth Day itself and any consequent debrief/ follow up activities) I agree to abide by the Code of Conduct, including, but not limited to:

- I will accept and respect the authority of Pilgrimage Coordinators and Group Leaders.
- I will accept and follow the directions of Pilgrimage Coordinators and Group Leaders.
- I will abide by the laws of the countries I visit.
- I will participate actively and positively in all aspects of WYD19.
- I will inform my group leader of my movements at all times.
- I will show respect towards other pilgrims and their property.
- I will refrain from the use and/or possession of illicit drugs or overconsumption of alcohol.
- I will refrain from inappropriate sexual conduct.
- I will refrain from dangerous, demeaning, threatening (including bullying, discrimination and harassment), drunken and violent behaviour.
- I understand it is my responsibility to look after myself (including health and hygiene) and my belongings.
- I understand that it is my responsibility to pay for personal purchases.

I have read and understand the above Code of Conduct and I agree to follow the aforementioned points. I understand that this Pilgrim Code of Conduct is effective for all activities surrounding the Tasmanian Pilgrimage to World Youth Day Panama, including, but not limited to: all preparatory events, the World Youth Day 2019 pilgrimage and any subsequent debrief/follow-up events. I understand that if it is determined by Pilgrimage Coordinators, Group Leaders or by the Organising Bodies that I have breached the Code of Conduct I may be asked to leave the Tasmanian Pilgrimage to World Youth Day Panama group. I agree that any costs incurred as a result of my breach of the Code of Conduct and my departure from events at World Youth Day 2019 or return to Australia, will be at my expense. I agree that such costs could include but are not limited to:

- Fees, charges and expenses to any changes to Pilgrim's return airfare;
- Ground transportation costs, to and from airport;
- Any additional accommodation requirements incurred as a result.

I agree that Breach of Code of Conduct Costs will become payable by myself as soon as they are incurred and I agree that if the Organising Bodies pay the Breach of Code of Conduct Costs, I am required to reimburse the Organising Bodies in its entirety.

Pilgrim's Name: \_\_\_\_\_ Pilgrim's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **AUTHORISATION AND AGREEMENT**

### **The following is to be signed by the pilgrim:**

I, the undersigned, am willing to participate in the Tasmanian Pilgrimage to World Youth Day, Panama 2019, as detailed on the itinerary provided.

I understand the nature of the activities during the preparation program and the Pilgrimage to WYD may include, but may not be limited to: indoor and outdoor group activities, swimming and water sports, hiking, games, dormitory and school based accommodation, home-stay accommodation, hotel accommodation, communal eating, socialising, travelling in motor vehicles, private cars & chartered buses, travelling in aircraft, trains or ferries, sleeping outdoors (vigil) and that risks may arise during these activities.

I further agree to indemnify the Organising Bodies against any liability, loss, cost, damage or expense (including legal fees on an indemnity basis) that the Organising Bodies incurs because of any claims, actions, suits or demands (including for personal injury, death or property loss) which arise out of or in connection with my participation in the preparation program and the Pilgrimage to WYD. I accept responsibility for payment of all expenses associated with any medical or dental assistance or treatment.

I agree to abide by the Pilgrim Code of Conduct of the Tasmanian Pilgrimage to World Youth Day Panama, and to participate in all aspects of the pilgrimage during the preparation program and the Pilgrimage to WYD. I understand that a breach of this conduct may result in the removal of myself from the pilgrimage during the preparation program and the Pilgrimage to WYD. If I am removed from the preparation program and the Pilgrimage to WYD, I accept responsibility for all costs incurred, including but not limited to my return to Australia.

I agree that any appropriate photos or videos taken of me during the preparation stages and pilgrimage can be used by the Office of Youth Evangelisation, Archdiocese of Hobart; the National World Youth Day Committee; pilgrimage leaders or other pilgrims in media publications, promotions for future World Youth Days, post WYD presentations and for other specific youth ministry needs.

I agree that if I am asked to leave or I am required due to personal reasons to leave the Tasmanian Pilgrimage to World Youth Day Panama and return to Australia, I will follow all directions given to me by pilgrimage coordinators, group leaders or by an agent of the Organising Bodies. I agree that the Organising Bodies and its employees, volunteers, agents, officers and contractors are not liable for any loss, cost, damage or expense (including legal fees on an indemnity basis) because of any future claims, actions, suits or demands (including for personal injury or property damage) arising out of or in connection with my early return to Australia.

I agree that the Organising Bodies and its employees, volunteers, agents, officers and contractors are not liable if my possessions or property is damaged, lost or stolen during the preparation program or the Tasmanian Pilgrimage to the World Youth Day, Panama.

I acknowledge that the Organising Bodies and its employees, volunteers, agents, officers and contractors do not guarantee the safety of any of the countries and cities that the Tasmanian Pilgrimage to the World Youth Day Panama visit. I am to undertake my own investigations to satisfy myself that the countries and cities that the Tasmanian Pilgrimage to World Youth Day Panama visits are safe to travel to.

I have read and understand my rights under the Archdiocese of Hobart's Privacy Policy. I understand that the Archdiocese of Hobart is committed to respecting my privacy and my personal and sensitive information. I acknowledge that the Privacy Policy sets out how my information is collected, used and disclosed. I understand:

- The types of personal and sensitive (health) information that the Archdiocese collects and holds about me;
- That the purposes for collecting my personal and sensitive information is to assess and process my application;
- How the Archdiocese of Hobart uses and manages information about me;
- The circumstances under which the Archdiocese of Hobart might disclose information about me;
- How the Archdiocese of Hobart stores and disposes of information about me;
- How I can make a complaint if I feel that these rights have been breached or if I believe there has been a data breach.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (*Print*): \_\_\_\_\_

## **ASTHMA MANAGEMENT DETAILS**

**To be completed if asthma was identified**

Pilgrim Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

### **Signs/Triggers**

Usual signs		Worsening signs		Potential triggers	
		Increased signs of:		Exercise	<input type="checkbox"/>
Wheezing	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	Colds/viruses	<input type="checkbox"/>
Tightness in chest	<input type="checkbox"/>	Tightness in chest	<input type="checkbox"/>	Pollens	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	Coughing	<input type="checkbox"/>	Dust	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>	Difficulty in breathing	<input type="checkbox"/>	Smoke	<input type="checkbox"/>
Difficulty speaking	<input type="checkbox"/>	Difficulty speaking	<input type="checkbox"/>	Weather changes	<input type="checkbox"/>
Other (please describe)		Other (please describe)		Other (please describe)	

### **Action Plan**

When	Action and/or Medication	How much?
Usual signs begin to show		
Worsening Signs Show		

### **Pilgrim's Asthma First Aid Plan:**

*Please describe*

## **ALLERGY MANAGEMENT DETAILS**

**To be completed if allergies were identified**

Pilgrim Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Have you suffered from the following reaction to an allergy:

*Please Circle*

A localised reaction (*rash, itching, swelling at **the site** of the poison/irritant enters*)

YES / NO

A systematic reaction (*rash, itching, swelling away from the site of the poison/irritant enters*)

YES / NO

An anaphylactic reaction (*severe breathing problems, total body swell, emergency situation*)

YES / NO

Any allergic response as a result of medication administered during a surgical procedure YES / NO

Have you ever been admitted to hospital due to an allergic reaction?

YES / NO

*Please describe your allergy (what you are allergic to), symptoms and treatment for each allergy below*

**Allergy:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergy:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach a separate sheet for further allergies*