



# EXPRESSION OF INTEREST

## UGANDA IMMERSION EXPERIENCE

8<sup>th</sup> – 22<sup>nd</sup> January 2018 in Uganda

Please print:

Name: ..... Date of Birth: ..... M / F circle

Address: ..... State: ..... PC: .....

Email: ..... Mob: .....

<b>Why do you want to join an Immersion Experience?</b>	
<b>Have you visited any developing countries?</b>	
<b>Personal interests</b>	
<b>What skill / strengths would you bring?</b>	
<b>What would be your main fear, if any?</b>	
<p><b>We may need to take up references. Therefore, please give the name, address and e-mail of referee. This must be someone who has known you for at least five years and who is not a member of your immediate family. It would also be helpful to know your relationship with your referee (eg, a family friend, a work colleague, or someone you were friends with at college/university).</b></p>	
<b>Referee Contact details:</b>	<b>Name:</b> <b>Address:</b> <b>Email:</b> <b>Relationship to you:</b>
<b>Please provide information if you have any medical issues</b>	
<b>Any other information</b>	
<p><b>Fundraising:</b> Each person is encouraged to look after their own fundraising through seeking sponsors, approaching family/friends or holding fundraising events (you may choose to hold events together with others going to Uganda). There are no plans to organise a central fundraising event for a whole immersion group at any time, however if there was enough interest this could be explored when needed (a limitation for group fundraising is that a much higher goal amount is needed in order to effectively reduce individual costs).</p>	

Impact Emmanuel Mission Outreach is an outreach of Emmanuel Community Brisbane. Please check out our webpage [www.impactuganda.org.au](http://www.impactuganda.org.au) for further information. If chosen to be part of an Immersion Team, you will be required to sign the Indemnity, Medical Treatment Consent, Privacy Declaration and Code of Behaviour which will be part of your Application Form.

To the best of my knowledge all information provided on this form is correct and I know of no reason why I should not participate. I will not be travelling against medical advice.

Signed: ..... Date: .....

Post Form to Impact PO Box 126 Paddington Qld 4064 or Email to [impact@emmanuelcommunity.com.au](mailto:impact@emmanuelcommunity.com.au)

<b>Office Use Only:</b>	
Date Received:    /    /    .	Accepted: Yes / No.      Date Application Form sent:    /    /

*“Persons always live in relationship. We come from others, we belong to others, and our lives are enlarged by our encounter with others.” (Pope Francis - The Light of Faith 38)*