



Referral Form

Use this form to notify us if you are sending anyone to YLW. You can refer up to 3 leaders from your church. This form is for information purposes only – we will not contact the referent until we receive their registration. If we do not hear from them within a few days of the registration deadline, we will contact you to see whether they are still intending to come.

Your name _____

Contact details _____

Phone _____

Email _____

Postal Address _____

Church _____

Name of person being referred: _____

Their school _____ Yr _____

Are they interested in doing the Certificate III in Frontline Management (leadership)?

Yes

No

Need more info

Name of person being referred: _____

Their school _____ Yr _____

Are they interested in doing the Certificate III in Frontline Management (leadership)?

Yes

No

Need more info

Name of person being referred: _____

Their school _____ Yr _____

Are they interested in doing the Certificate III in Frontline Management (leadership)?

Yes

No

Need more info

Send this form to:

Youth Leadership Week
% Scripture Union SA
28 Croydon Rd Keswick 5035

Or email to wired@sa.su.org.au