



# The FreshZY Programme

18-19 Year Olds

Shalom,

It is with great excitement that FZY are launching our **brand new University Fresher's Programme**. We have pleasure in setting out some of the information about the programme below, so enjoy the read!

## What is FreshZY?

FreshZY is our newest programme and for the first time we are **officially** coming to a university near you! With four main components, this programme is packed with educational tools and social perks, a perfect way for a **fresh** start. Each session is highly interactive covering leadership in the FZY world and beyond. With increased anti-Semitism and protests on campus, FreshZY also provides first year students with the practical skills for Israel advocacy.

## Why FreshZY?

We believe that the FreshZY programme enables you, our future leaders, the opportunity to gain the skills, knowledge and confidence required to become ambassadors for Israel and the Jewish people. Participating in FreshZY will further inspire you to be proactive Jews in the Diaspora in your different university regions as well as continue to build a deep connection to Israel and maintain a strong Jewish identity.

## Application Process

The FreshZY process begins by completing the enclosed application pack (including the medical form), and returning it to FZY along with the deposit. Please note that due to the select number of places you may be asked to come into the FZY office for an interview to ascertain your commitment to the FreshZY programme.

## Financial Assistance

The cost of the programme is already heavily subsidised. The full subsidy of the programme is contingent on the participant attending the set number of sessions as directed in their initial ceremony in September, as well as both the weekend seminars.

***So if you are interested in this exciting new programme, fill out the FreshZY application pack and send it back to the FZY office without delay.***

There are bursaries available to those families who require financial assistance.

We would also be grateful, if you are able, to provide a donation towards the bursary fund.

Yours sincerely,

**Natasha Kalmanson**

*Rakezet Kedma*

Director of Sixth Form Activities



## **APPLICATION PACK**

Enclosed you will find a set of forms which must be completed, signed where appropriate and returned. Please answer all questions fully.

Please complete this check list and return:

1. Personal Details
2. Medical Form
3. £499 cheque

Please return the application pack together with the cheque made payable to the Federation of Zionist Youth to:

FreshZY  
25 The Burroughs  
Hendon  
London  
NW4 4AR

If you require further information please telephone our office on 020 8201 6661 or email [kedma@fzy.org.uk](mailto:kedma@fzy.org.uk)

### **DATES FOR YOUR DIARY...**

Nov 2011 – Bogrim Seminar  
March 2012 – Leadership Seminar  
April 2012 – Nitzotz trip to Israel

**PERSONAL DETAILS**

<b>First name</b>	
<b>Surname</b>	
<b>Male/Female</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Date of Birth</b>	
<b>Home Telephone</b>	
<b>Participant's Mobile Number</b>	
<b>Parent/ Guardian's Name</b>	
<b>Parent/ Guardian's Mobile Number</b>	
<b>Participant's Email</b>	
<b>Parent/Guardian's Email</b>	
<b>School</b>	
<b>What University are you hoping to go to</b>	
<b>Synagogue</b>	
<b>What FZY programmes have you participated in?</b>	
<b>Who is your Zionist Hero?</b>	
<b>Why do you want to be part of FreshZY?</b>	
<b>Do you wish to apply for a bursary?</b>	

**MEDICAL FORM**

This form is to be completed by the participant in **block capital** letters.

Name of Applicant.....Male / Female

Address.....

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Post Code..... Date of Birth.....

Name of Parents/Guardians.....

Parents/Guardians Mobile No.....Home Telephone No.....

1. You have to have had an anti-tetanus injection or booster in the last 10 years.

Approximate date of last injection.....

2. Do you suffer from any of the following? Please answer "YES" or "NO"

Asthma YES/NO Epilepsy YES/NO

Diabetes YES/NO Skin Conditions YES/NO

3. Have you suffered from any other illness or psychological or emotional

problems of which the organisers should be made aware (e.g. eating disorders,

any mental illness? YES/NO

If yes, please give details.....

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4. Do you have any known sensitivity to (a) drugs e.g. Penicillin, plasters. (b) Food

e.g. nuts. (c) allergies e.g. bee stings? YES/NO

If yes, please give details.....

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5. Please mark one of the following regarding your diet:

Meat eater    Vegetarian    Vegan

Any other special dietary requirements:.....7

6. Are you currently receiving medical treatment for any condition? YES/NO

If yes, please give details.....

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7. Do you take any medication on a regular basis? YES/NO

If yes, please give details.....

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8. Do you have any special needs of any kind that you would like us to know about in order that you can take the fullest possible part in all our activities? YES/NO

If yes, please give details.....

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9. Name of General Practitioner.....

Surgery Address.....

.....Telephone No.....

10. Any other necessary information (please use additional sheets if necessary)

I hereby certify that the medical form is complete and correct in all details.

Name of Participant.....

Signature of Participant.....

Date.....

To be completed by the Parent/Guardian

**Medical Consent**

I consent to my child receiving first aid whilst at a seminar or trip as part of the FreshZY Programme.

I understand that, for statutory reasons, FZY is unable to dispense medication to my child, other than that brought to the seminar by my child. All medication brought must be labelled with his/her name and directions of usage, and handed to the FZY staff/medic.

I hereby certify that the medical form is complete and correct in all details, and that I fully understand and accept the conditions outlined above.

Name of Parent/Guardian.....

Signature of Parent/Guardian.....

Date.....