



Autumn Indigenous Kids Camp 2019 Participant Application Form **[offline version]**

Autumn Indigenous Kids Camp (8 – 12 year old boys and girls) – Friday 19th – Monday 22nd April, 2019

Applications close: 5pm Friday 22nd March, 2019

Our Indigenous Kids camp is for young people aged 8-12 years old. The program includes bike riding, rock climbing, arts and crafts and games. There will be an afternoon of cultural activities to connect the participants to land and culture. Through positive interaction and fun activities, our volunteers will develop the children's social skills and their resilience. Participants will make new friends, have fun and create lasting memories. The one-to-one ratio, of volunteers to participants, gives the young people a safe and supportive space to thrive. Our volunteers are able to work with a variety of different behaviours presented by the young people. If you're unsure whether you client would be suitable, please contact the office to discuss.

All applicants will be contacted by **Friday 29th March, 2019**. Successful applicants will receive an acceptance letter, an Invoice, a 'what to bring' list and details of the pick up and drop off location for the commencement and conclusion of camp.

Save Time
Fill this form out Online
(www.ercvic.com/refer)

Key Information:

1. Cost of camp is \$280 per participant [Invoice will be issued after a participant is accepted]
2. Please ensure that all forms (Personal Details, Medical, Conditions of Placement & Doxa Consent Form) are completed and signed in full before submitting.
3. All forms must include a 24hour or After Hours contact for agency referrals.
4. We've included a **Strengths & Difficulties Questionnaire** on Page 6. This will help us better place the participant, and understand how to support them on the camp.
5. Applications with a separate **Support Letter** from the referring agency will be more highly regarded. The support letter can contain:
 - reasons for referral
 - any goals for the participant in attending the camp
 - other relevant information to be able to support the participant during this placement if successful

Completing this form.

This offline form can be completed electronically in Microsoft Word. [online: <http://www.ercvic.com/refer>] Parent / Guardian must sign **pages 4 & 5**. Referrer / Agency worker must sign **page 5**. Submit via email to programs@ercvic.com or via post to 'Edmund Rice Camps', 7 Amberley Way, Lower Plenty 3093.

IMPORTANT: Anaphylaxis Management on Edmund Rice Camps

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction to a substance, most commonly nuts, egg, milk, wheat, soy, seafood, some insect stings and medications. It can be life threatening, but with proper management and prevention strategies in place the risks can be substantially reduced.

Has your child been diagnosed with Anaphylaxis?

If so, you must:

1. Make sure you let us know on the **Medical Page** of this form
2. Help us put together an **ERC Individual Anaphylaxis Management Plan**
3. Send in copies of an **ASCIA action plan** for your child, with an up-to-date photograph
4. Bring your EpiPen® (ensure it has not expired)

We take Anaphylaxis Allergies very seriously. Every Edmund Rice Camp Program is **entirely nut free!**



Get more information:

View our full Anaphylaxis Policy here: www.ercvic.com/publications.php
DEECD website at www.education.vic.gov.au/anaphylaxis
Anaphylaxis Australia Inc, at www.allergyfacts.org.au

Personal Details

Participant details:

Participant's name:	Gender	
Address:	Suburb:	Post Code:
Date of Birth:	Age on Camp:	

Optional:

Nationality / cultural background:	Main Language spoken at home?
Does the participant identify as Aboriginal or Torres Strait Islander?	

Parent/Guardian Details:

Parent/Guardian's name:	Relationship to participant:	
Address:	Suburb:	Post Code:
Home Phone:	Work Phone:	Mobile Phone:
Name of Next of Kin:	Relationship to participant:	
Home Phone:	Work Phone:	Mobile Phone:

Agency Details:

Name of Referring Agency:	Contact Person:	
Address:	Suburb:	Post Code:
Agency Phone:	After Hours Contact:	After hours phone:
Email:		

Funding:

An Invoice will be raised to the person outlined under 'Agency Details' section. If you require an invoice raised to someone else, please provide details:

Has the child completed other Edmund Rice Camp? If so, when?

Please Note: If an after hours phone number is not available from the referring agency please call Felicity at the ERC office before lodging this form to discuss other arrangements, otherwise your application will not be accepted.

If you have any questions please contact Felicity Hoare at the ERC office on –
Phone: 03 8359 0143 Mobile: 0408 454 156 Email: programs@ercvic.com
Alternatively you can visit our website www.ercvic.com

Office Use Only

Database ID		Received date		Received method	
Status		Form entered by		Form entered date	

Medical, Privacy and Permission

This form is compiled to assist Edmund Rice Camps staff and volunteers in the eventuality of any illness or accident on camp and will be held on camp. Please be as specific as possible in your responses.

CONFIDENTIAL

1. Participant's Name:

Medicare No: _____ Expiry: _____ Health Care Card No: _____ Expiry: _____

Doctor's Name: _____ Doctor's Phone No: _____ Date of last Tetanus Shot: _____

Ambulance Cover _____ Private Health Insurance – Provider: _____ Number: _____

2. Dietary requirements: (i.e. vegetarian, vegan, gluten free, Halal etc.)

3. Does the participant have any allergies? (i.e. Penicillin, Specific Foods, Food Additives, Drugs etc.)

4a. Has the participant been diagnosed with Anaphylaxis? Yes No

b. Does the participant have an EpiPen? Yes No

If the participant has been diagnosed with Anaphylaxis:

- Help us put together an **ERC Individual Anaphylaxis Management Plan**
- Send in copies of an **ASCI action plan** for your child, with an up-to-date photograph
- Bring your **Epipen®** (ensure it has not expired)

5. Has the participant been diagnosed with Asthma? None Mild Severe

If your child's asthma is described as being severe, an asthma management plan signed by a Registered Medical Practitioner must be provided with this application along with dosage amounts and prescribed medications.

Asthma Management Plan Attached

Details:

6. Please tick the appropriate box if the participant suffers from the following:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Seizures | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Soiling |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fears/Phobias |
| <input type="checkbox"/> Sight Loss | <input type="checkbox"/> Black Outs | <input type="checkbox"/> Other | <input type="checkbox"/> None |

Details:

7. Does the participant have chronic illness, medical condition or physical restriction? Yes No

If yes, please give details:

8. Please tick the appropriate box if the participant has any of the following disabilities:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> ADHD / ADD |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Mental Health/ Illness | <input type="checkbox"/> Other | <input type="checkbox"/> None |

If Yes, please provide further details of what assists them. A separate Behaviour Plan can be very useful in ensuring we are managing the participant's behaviours in a consistent way.

9. Please tick the appropriate box if the participant needs help with any of the below:

- | | | | |
|------------------------------------|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Bedtime | <input type="checkbox"/> Toileting | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Meal Times |
| <input type="checkbox"/> Showering | <input type="checkbox"/> Other | <input type="checkbox"/> None | |

Details:

10. To help us tailor the bike riding activity, please answer the following questions:

Participant's height

- Less than 100cm 100cm – 119cm 120cm – 134cm 135cm – 149cm more than 150cm

Bike riding ability

- Never ridden a bike Poor Good Excellent

Further comments:

11. Please tick which box best describes the participant's ability to swim:

- Excellent Good Poor Non swimmer

Further comments:

12. All prescribed medication is to be stored in a Blister Pack or Dosette Box that is clearly labeled. If the participant is on medication please list below:

Medication Name	Frequency & Time of day	Dosage	Comments

13. Are there any recent or ongoing situations at school or home which may have some impact on your child during camp?

14. What does your child like doing, what are their interests?

15. Does your child present with any challenging behaviours? If so, what’s the best way to respond to these?

DISCLAIMER

Subject to any law to the contrary, and to the maximum extent permitted by law, Edmund Rice Camps Inc. Victoria and its officers, employees and agents disclaim all liability for any loss or damage (whether foreseeable or not) suffered by any person participating on a camp offered by Edmund Rice Camps Inc. Victoria whether the loss or damage arises in connection with any negligence, default or lack of care on the part of Edmund Rice Camps Inc. Victoria or any of its representatives or any other cause.

PRIVACY

Does Edmund Rice Camps Inc. Victoria have your permission to reproduce any photographs, video footage and/or audio recordings taken on the camp of your child, in any of our publications, website and social media, on the understanding that no names are to be used without your authorisation?

Photographs, Audio & Video Yes No

PERMISSION TO ATTEND AND MEDICAL AUTHORITY

I _____ being parent/guardian of _____ do give permission for him/her to engage and participate in this Edmund Rice Camp and the activities offered. I further authorise that any duly authorised agents of Edmund Rice Camps Inc in the event of any accident or illness and where it is not possible or reasonable to obtain my consent at the time to engage any medical practitioner or hospital facilities or accommodation and in this event I agree to pay all such ambulance, doctor, nurse or hospital expenses.

I have read and I accept the above conditions and disclaimer relating to participation in Edmund Rice Camps Inc. Victoria programs and I give my permission for my son/daughter to take part in them.

Signed _____ **Date** _____
 (Parent/Guardian)

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Post forms to: Edmund Rice Camps, 7 Amberley Way, Lower Plenty VIC 3093
 Email forms to: Felicity Hoare, programs@ercvic.com

CONDITIONS OF PLACEMENT

Please read the following information relating to camps conducted by **Edmund Rice Camps Victoria Inc.** A signed copy, signifying acceptance of these conditions and a belief on the Agency's part that the participant(s) seeking placement is suited to ERC programs, must accompany each application for placement on an Edmund Rice Camp.

1. Edmund Rice Camps are staffed entirely by volunteers, principally aged 17 to 30. While volunteers with some professional qualifications hold executive leadership roles on each camp, the majority of leaders do not hold such qualifications.
2. All information that may affect the behaviour of the participant(s) on the camp, including their interaction with leaders and other participants within the age range of the camp, must be forwarded with the application.
3. Transport of the participant(s) to and from the designated pick up and drop off point, at the commencement and conclusion of the camp, is not the responsibility of Edmund Rice Camps.

A Child Protection Matter is any information relating to a child under 18 years of age pertaining to any past or current, actual or suspected concern for that child's safety, welfare or health.

4. If a **Child Protection Matter** arises on camp, Edmund Rice Camps will make contact with the Agency with the details. ERC in collaboration with the Agency will then develop a plan to notify and support the child and family, and to contact the Department of Health & Human Services where appropriate. The Agency will notify ERC prior to the release of this information to the family or carer during the camp.
5. The Agency will notify Edmund Rice Camps of any relevant and ongoing **Child Protection Matter** about the child prior to the beginning of the camp. This information will be kept in confidence.
6. The Agency's contact phone number, both during business hours and after hours, is to be provided with the application. This is important in the case that a Child Protection, health or behavioural issue arises.
7. Should a participant(s) need to be sent home from a camp, due to illness or inappropriate behaviour, it is the responsibility of the Agency to provide transport.
8. The participant(s) seeking placement must fit the criteria of being either socially or economically disadvantaged.
9. Edmund Rice Camps Inc. reserves the right to accept or reject any application based on the best possible match between applicants and the skills of the volunteers on a particular camp.
10. It is the responsibility of the Agency to ensure that the participant has appropriate clothing and equipment for the camp. If extra clothing and/or equipment are needed, please contact the ERC office for alternatives.
11. The participant(s) may be invited to take part in an optional evaluation of the camp, all responses will be confidential, the responses will be collated along with responses from agencies and volunteers then de-identified to evaluate the entire camp and its processes. Edmund Rice Camps Inc. values all feedback received. The purpose of the evaluation is to expand on the resources and programs delivered by Edmund Rice Camps Inc. in future.
12. It is the responsibility of the Agency to pay the participant fee before camp. ERC acknowledges that Agencies may seek a contribution of this fee from the participant's family, however it remains the responsibility of the Agency to ensure that this fee is paid.
13. Prior to camp ERC incurs costs including catering, accommodation and equipment. ERC is therefore unable to refund the participant fee in the event that the participant can no longer attend the program. As a not-for-profit, ERC subsidises the fees through fundraising, in-kind donations and significant volunteer support.

I have read and understood the above conditions under which Edmund Rice Camps Inc. conduct programs in Victoria. Based on this information I believe the child I am referring for placement on this camp is suited to the conditions under which the camp is to operate.

Signed _____
(Agency Worker)

Signed _____
(Parent/Guardian)

Name _____

Name _____

Date _____

Date _____

Strengths and difficulties questionnaire

To help us place your child in a group and to ensure the camp has a balance of challenging and milder behaviours, we invite you to fill out the **Strengths and Difficulties Questionnaire**. We will use the results of this questionnaire get to know you child a bit better and to ensure that they have the support that they need on the camp.

The survey takes just 3-5 minutes to fill out. If you'd prefer not to fill it out, you can skip this but we will prioritise applications that have filled out the survey.

The questionnaire is best filled out by the child's primary carer. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More information on this standardized questionnaire available from: <http://www.sdqinfo.com/>