



Summer Family Camp

Application Form

Monday 21st – Friday 25th January, 2019

Edmund Rice Camps family camp programs are designed to provide an opportunity for families to spend quality time together, in a relaxed atmosphere, with the support of young adult leaders. The program will be situated in Lower Plenty, and will include activities designed around fun, adventure and quality family time.

Applications close: 5pm Friday 23 November, 2018

*Please be aware that we can accept a maximum of 6 families on this camp. All agencies will be notified of the status of their application by **Wednesday 5 December, 2018** via email to referring agency worker. Successful applicants will receive an acceptance letter, a 'what to bring' list, details of the pick up and drop off location, and an invoice that must be paid within 10 business days to reserve the family's position on the camp program.*

Completing this form.

This form can be completed electronically in Microsoft Word. The pages in green only need to be completed **once**, the pages in blue need to be completed for **each** family member. By default there are 3 blue pages for 3 family members. If there are more than 3 family members, just make a copy of this document. Page 6 and Page 7 must be printed and signed. Submit via email to programs@ercvic.com or via post to 'Edmund Rice Camps', 7 Amberley Way, Lower Plenty 3093.

Key Information:

1. Fees: \$280 base fee per family unit plus \$85 per family member (children under 3 free)
2. Please ensure that all forms (Application, Medical and Conditions of Placement) are completed and signed in full before submitting.
3. All forms must include a 24hour or After Hours contact for agency referrals.
4. Agency workers are asked to submit a letter of support to provide information on reasons for referral, goals for the family attending the program and any other relevant information relating to the children and/or family. Applications that include a letter of support will be much more highly regarded.

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

If you have any questions please contact the Program Coordinator 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

Family Details

Fill this page out once

Family details:

	Name	Sex	Date of Birth	Age on camp
Parent / Carer		Select		
Parent / Carer		Select		
Child		Select		
Child		Select		
Child		Select		
Child		Select		

Address of family:

Suburb:

Post Code:

Home Phone:

Mobile Phone:

Optional:

Nationality / cultural background:

Main Language spoken at home?

Are the family Aboriginal or Torres Strait Islander? Select

Next of Kin: :(Not on program)

Name of Families Next of Kin

Relationship:

Home Phone:

Work Phone:

Mobile Phone:

Agency Details:

Name of Sponsoring Agency:

Contact Person:

Agency Postal Address:

Suburb:

Post Code:

Agency Phone:

After Hours Contact:

After Hours Phone:

Email:

Completed other Edmund Rice Camp? If so, when:

Are there any recent or ongoing situations at school, work or home which may have some impact on your family during this camp?

--

What does your family like doing, what are their interests?

--

What hobbies, areas of interest and/or strengths does your family have?

--

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

Office Use Only

Support letter?		Received date		Received method	
Status		Form entered by		Form entered date	

Medical details – for each participant

This document is compiled to assist Edmund Rice Camps staff and volunteers in the eventuality of any illness or accident on camp. **Please note questions 1 through 11 must be completed for each family member attending the program.**

1. Participants Name:

Medicare No: _____ Expiry: _____ Health Care Card No: _____ Expiry: _____
 Family Doctor's Name: _____ Doctor's Phone No: _____ Date of last Tetanus Shot: _____
 Ambulance Cover Private Health Insurance

2. Dietary requirements: (E.G. vegetarian, Vegan, Gluten or Fructose Free)

3. Does this participant have any allergies? (ie. Penicillin, Specific Foods, Food Additives, Drugs etc.)

4a. Has this participant been diagnosed with Anaphlaxis?

b. Does this participant have an EpiPen (Please circle)?

If you've been diagnosed with Anaphylaxis:

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

5. Has this participant been diagnosed with Asthma (please circle)? **None**

If the participant'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

6. Please tick the appropriate box if this 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 | |

Details:

7. Does this participant have any chronic illness, medical condition or physical restriction?

If yes, please give details:

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

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Aspergers 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"/> Acquired Brain Injury | <input type="checkbox"/> Other |

If Yes, please provide a Behaviour Management Plan or further details of what assists them:

9. Please tick the appropriate box if this 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 | | |

Details:

10. Please tick which box best describes this participant's ability to swim: Select

Further comments:

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

Medication Name	Frequency & Time of day	Dosage	Comments

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| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Hay Fever |
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Disclaimer, Privacy and Permission

Print, read and sign this page once

DISCLAIMER

I understand that not everyone attending camps operated by Edmund Rice Inc is required to complete a Working with Children Check under the *Working with Children Act 2005* (Vic) (or equivalent legislation), or to provide Edmund Rice Camps Inc with a Police record check.

I understand that it is my responsibility to supervise my child (including any child for whom I am the responsible guardian) during his or her time at any camp operated by Edmund Rice Camps Inc whenever my child is not with a camp volunteer or staff member.

Subject to any law to the contrary, and to the maximum extent permitted by law, I acknowledge and agree on my own behalf and on behalf of my child that Edmund Rice Camps Inc and its servants, agents officers and volunteers will under no circumstances whatsoever be liable or responsible in any way for any personal injury (including, without limitation, any injury arising from sexual or physical abuse of any other kind by any person attending the camp in any capacity), damage or loss suffered by me or my child that may occur during any camp operated by Edmund Rice Camps Inc, whether resulting from any negligence, default, or lack of care or otherwise, and I will not make any claim either on my own behalf or on my child's behalf against Edmund Rice Camps Inc or any of its servants, agents officers or volunteers in the event that any personal injury, damage or loss is suffered or incurred by me or my child.

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 and website, on the understanding that no names are to be used without your authorisation? **(Please tick)** 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 family to take part in them.

Signed _____ Date _____
(Parent/Guardian)

CONDITIONS OF PLACEMENT

Print, read and sign this page once

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 family seeking placement is suited to ERC programs, must accompany each application for placement on an Edmund Rice Camp.

The Agency's responsibilities in referring families to Edmund Rice Camps are as follows:

- The Agency must be aware that parents, guardians or siblings over the age of 18 years attending the Edmund Rice Camps family programs as participants have undertaken Police Checks or Working With Children Checks.
- All information, which may affect the participation of the family, or its individual members, in the camp program, should be forwarded to Edmund Rice Camps office at the time of referral. This includes information regarding any current or recent protective concerns. All information will be kept in confidence by the Edmund Rice Camps staff and the delegated Camp Executive.
- 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.
- Should the family or individual members, need to be removed from the camp; it is The Agency's responsibility to provide transport for them.
- A family group must include at least one parent/guardian.
- Agency staff must contact ERC staff if they wish to refer families who are being assisted for the purpose of family reunification prior to submitting the referral.
- Transport of the family 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.
- 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.
- 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.
- 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 subsidizes the fees through fundraising, in-kind donations and significant volunteer support.
- 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.

Important information about the Protection of Children:

- **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.
- 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 Human Services where appropriate. The Agency will notify ERC prior to the release of this information to the family or carer during the camp.
- 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.

Important information about Supervision of Children:

- ERC programs 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.
- Parents/guardians or children aged 18 years or older that attend Edmund Rice Family Camps are not Police Checked or Working With Children Checked.
- All volunteers 18 years and over hold a valid Working With Children Check.
- A 1:1 ratio of volunteer to child is provided on each camp from 7am - 9pm at night. Outside of these times the parents/guardians are responsible for their children's supervision and welfare. The camp facility is locked from the outside between 6pm and 7am each night.
- All families reside on the same accommodation level and all families will be offered keys to their bedrooms. Volunteers sleep overnight on the level above. Two volunteers sleep on the same level as the family members and are available at any time during the night.

Evaluation of camp:

- All parents/guardians and children will 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 The Agency and volunteers then de-identified to evaluate the entire camp and its processes. Edmund Rice Camps values all feedback received. The purpose of the evaluation is to expand on the resources and programs delivered by Edmund Rice Camps in future.

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 family I am referring for placement on this camp is suited to the conditions under which the camp is to operate.

Signed: _____ **Date:** _____
Agency Worker
Name: _____

Signed: _____ **Date:** _____
(Participating Parent / Guardian)
Name: _____