

Parent/Guardian Application Form



'Life Gets Better'® Camps were founded in 1999 by Captain Eric Wieckmann (2005 Casey Citizen of the Year) for primary aged children who have experienced trauma, grief or loss in their lives and are now run by C.H.I.P.S.® (Christians Helping In Primary Schools). These are not counselling camps, but encouragement camps where children get to see they are not alone in their troubles and that others who have gone through similar things have found a way for 'Life to Get Better'. They will make new friends and will be entertained during session times with tricks, games and puppets! The campsites we use are fully catered and have fantastic facilities.

Parents/guardians of children who attend the 'Life Gets Better'® camp, are also welcome to attend. Informal, adult sessions are conducted throughout the weekend by a trained counsellor. These sessions offer support and aim to bring a sense of hope to participants who have gone through similar experiences.

If you would like to attend the Life Gets Better® camp with your child, please fill in this application form. It should be noted, that parents/guardians and their children are not able to be accommodated in the same cabin. Parents/guardians will only be able to spend meal times with their child, due to the range of activities children and parents will be participating in.

Camp Details

- When:** Friday 18th to Sunday 20th May 2018
Where: Phillip Island Adventure Resort
1775 Phillip Island Rd, Cowes
Drop Off: Friday 18th May at Berwick Church of Christ
432-446 Centre Road, Berwick
Time: 5.00pm registration and dinner. 6.00pm departure.
Pick Up: Sunday 20th May @ 4.15pm at Berwick Church of Christ
(Pick up will be at the side entrance).
Cost: \$50 per adult

Forms to be returned no later than **Tuesday 1st May.**
(For payment details, go to page 5)

Email:
enquiries@chips.org.au

or Post:
PO BOX 291,
Narre Warren 3805

Any enquiries please call
C.H.I.P.S.® on: (03) 9702 5528

What You Need To Bring:

As you know Melbourne's weather can vary so a variety of clothes will be needed. Please ensure all items are named.

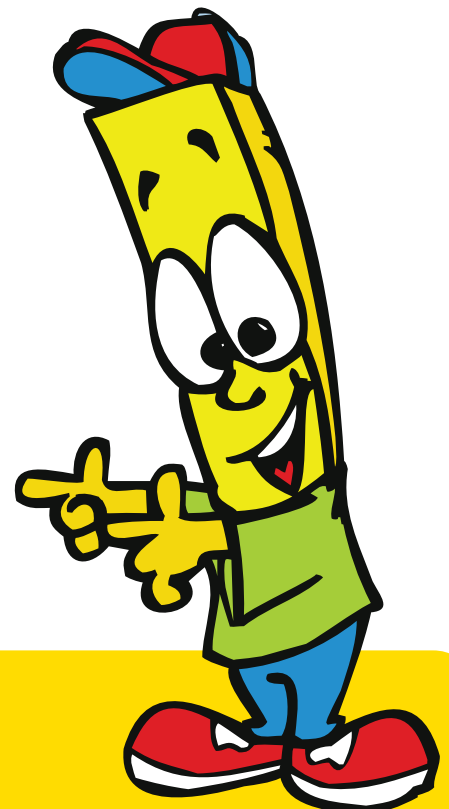
You will need:

- ✓ Comfortable Clothing (for warm & cold weather)
- ✓ Sleeping Bag or Bed Linen
- ✓ Bath Towel
- ✓ Runners/Boots
- ✓ Toiletries (toothbrush, sunscreen etc)
- ✓ Hat (to keep the sun off)
- ✓ A Smile!

What You Can't Bring:

- ✗ Alcohol / Non-prescription drugs

A few weeks after camp we will meet together for a reunion (Camp Link). This is a great time full of fun activities where the children can catch up with their buddies and friends they have made on the camp. Please keep this date free - it would be great to see you there!



Camp Link

- Where:** Xanadu - 2/151 Princess Hwy, Hallam
Date: Friday 15th June
Time: 6:00pm - 8:00pm

The following is a checklist of information you will need to complete this form:

- Personal and emergency contact details
- Allergy, dietary and medication needs
- Medicare, health fund, health care or pension card, doctor and ambulance membership details

Child Safe Policy Statement

At C.H.I.P.S.[®], we are committed to providing a safe environment for all children and protecting them from any form of harm, including abuse. Our Child Safe Policy provides an outline of the policies and practices we have developed to keep everyone safe.

We value diversity and do not tolerate any discriminatory practices. Our programs are based on Christian values and are run in a culturally and religiously sensitive manner. We apply thorough and rigorous standards in the recruitment and screening of all staff and volunteers, who we train and equip to safely support and encourage the children attending our programs. We have developed Codes of Conduct to guide our staff and volunteers.

Anyone, including parents, children, schools, volunteers and staff should report any child safety concerns to the C.H.I.P.S.[®] Child Safety Officer or any C.H.I.P.S.[®] leader. Anyone may also contact the police, DHHS Child Protection or Child First at any time if they believe on reasonable grounds, that a child is in need of protection.

C.H.I.P.S.[®] Child Safe Policies and Code of Conduct for staff and volunteers are available at www.chips.org.au or by request to C.H.I.P.S.[®].

Privacy - Notification Statement

This application form, once completed, will contain personal, sensitive and health information about you, your child/ren and your family. The information sought is reasonably necessary for you and your child/ren's participation in the 'Life Gets Better'[®] camp.

C.H.I.P.S.[®] Privacy Policy details why we collect this information, who we may disclose it to, and the main consequences of not collecting it. C.H.I.P.S.[®] Privacy Policy also contains information about how you may seek access to, or correction of, the information held about you, and C.H.I.P.S.[®] complaint resolution procedures. C.H.I.P.S.[®] Privacy Policy is available at www.chips.org.au or by request to C.H.I.P.S.[®].

Parent/Guardian Application Form

Only fill this form in if a parent/guardian is attending camp.



'Life Gets Better'® camps offer parent sessions throughout the camp. These sessions are voluntary, although you are encouraged to attend. Feedback from previous parents/guardians has been extremely positive.

Note: This form is an application only. The Director and/or Board of C.H.I.P.S.® reserves the right to decline an application if it is considered to be in the best interests of the camp.

First Name: Surname:

Date of Birth: / / Male Female

Residential Address:

..... Postcode:

Home Phone: (.....)..... Work: (.....).....

Mobile: E-mail:

Occupation:

Emergency Contact (whilst on camp):

Relationship to Applicant:

Phone: Mobile:

Transport to camp: Camp Bus Own Transport

Names and ages of children attending the camp:

Child 1: Age:

Child 2: Age:

Child 3: Age:

Child 4: Age:

(Please note: Due to the room arrangements, children will not be able to be in a room with their parent/s /relatives /guardians).

Have you ever attended another 'Life Gets Better'® camp? Yes No If yes, when?

How did you hear about 'Life Gets Better'® camps?.....

Why would you like to attend a 'Life Gets Better'® camp?

Personal Background

Open and honest relationships are important to C.H.I.P.S.®. All information is strictly confidential and we will need to discuss any of the experiences shown below with you before determining your suitability to attend camp.

If you do not wish to disclose this information here, please tick the box below and we will contact you:

confidential discussion requested

Please tick anything below which you have experienced:

being charged with a criminal offence

having a restraining order against you

an accusation of child abuse

an accusation of sexual harassment or assault

Please provide details for any of the above:

.....
.....
.....

Spirituality

We respect all beliefs and values.

Do you have a faith? Yes No

If yes, please specify:

Are you affiliated with a church or faith organisation? Yes No

If yes, please specify:

Medical History (this section is required to ensure that C.H.I.P.S® is aware of any medical condition/injury you have that may affect you whilst on camp.)

Do you have special dietary requirements? Yes No

If yes, please specify:

Are you allergic to any medication? Yes No

If yes, please specify:

Are you allergic to anything? Yes No

If yes, please specify:

Have you had any serious injuries over the past three years? Yes No

If yes, please specify:

Do you have any medical problems? Yes No

If yes, please specify:

Please list any medication/s that you are currently taking:

(Please Note: No medication/s can be left in cabins. For safety reasons they are either to be given to the camp nurse, or locked in a vehicle)

Medicare No:

Expiry:

Your position on card:

Health Fund Name:

Membership No:

Health Care Card/Pension No:

Ambulance Membership No:

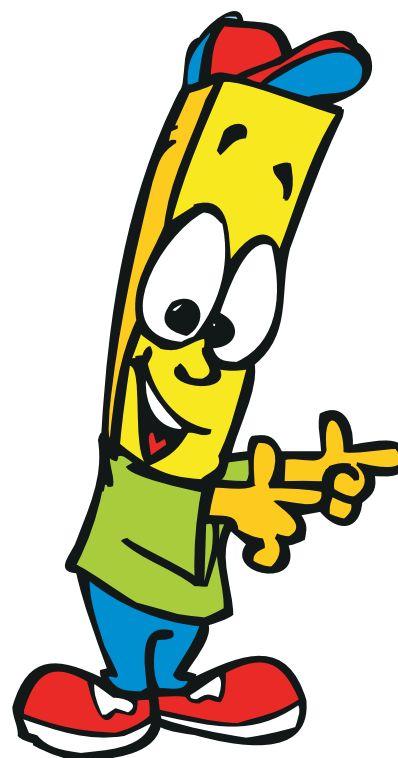
Doctor's Name:

Phone:

Do you smoke? Yes No

Please note: there will be an allocated area for smokers.

DRUGS & ALCOHOL ARE NOT PERMITTED ON CAMP.



By signing my name, I hereby signify the above information is true and correct to the best of my knowledge and I agree to the conditions of the application process. I will not disclose any personal, sensitive or health information about the participants in C.H.I.P.S.[®] Life Gets Better[®] Camp, without prior consent from C.H.I.P.S.[®].

Signature:.....

Print Name Date / /

Consent and Authorisation

In the case of an emergency, I am aware that the C.H.I.P.S.[®] leaders or designated helpers will:

- Advise the emergency contact listed above.
- Seek medical attention or assistance for me, at the nearest or most convenient medical/emergency facility.
- Arrange transport for me if required (this may require transport by ambulance).

Whilst C.H.I.P.S.[®] and its leaders will take all reasonable care to secure my safety, I understand that neither C.H.I.P.S.[®], 'Life Gets Better'[®] leaders, nor designated helpers, will be held responsible for any injuries incurred to me, as a result of camp activities. C.H.I.P.S.[®] and 'Life Gets Better'[®] leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for me; including medical assistance, treatment, ambulance, etc.

I hereby state that I wish to attend the 'Life Gets Better'[®] Camp, and agree that all C.H.I.P.S.[®] staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the camp; which includes travel to and returning from the camp. I consent to C.H.I.P.S.[®] collecting, using and disclosing the personal, sensitive and health information on this form for the purpose of my participation in the 'Life Get Better'[®] Camp, and in accordance with C.H.I.P.S.[®] Privacy Policy.

I agree to C.H.I.P.S.[®] using any photos or videos taken of me on the 'Life Gets Better'[®] camp for promotional purposes.

I, the undersigned, have read the consent and authorisation and understand all its terms.

I execute it voluntarily and with full knowledge of its significance.

Signature:.....

Print Name Date / /

The information on this form will be held by the C.H.I.P.S.[®] leaders. This information may be disclosed to private medical or para-medical staff or other relevant officers, in the event of an accident or emergency.

Please note: All parents/guardians will be checked and treated (if necessary) for head lice.

Cost: \$50 per parent / guardian

Payment is not required until you receive confirmation from C.H.I.P.S.[®].

Upon confirmation of a place on camp, payment will be required **in full** (via cash or EFTPOS) when registering on Friday night **OR** may be paid directly into the C.H.I.P.S.[®] bank account by **Thursday 17th May**

BANK: **Bendigo Bank**

BANK ACCOUNT NAME: **Christians Helping in Primary Schools**

BSB: **633 000**

ACCOUNT No: **1300 51972**

REF: **Use your full name**

Please complete and return to:

C.H.I.P.S.[®]

P.O Box 291

Narre Warren, Vic 3805

Ph: (03) 9702 5528

email: enquiries@chips.org.au

www.chips.org.au

Chips
changing little worlds in big ways[®]

