

# Children's 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.

The camps are a time of joy and refreshment in a caring, Christian environment. Costs are minimal due to the generous sponsorship of the campsite, C.H.I.P.S® staff and volunteers. All C.H.I.P.S® staff and volunteers are trained, have a current Working With Children Check, and follow our Child Safe Policies. All work is done in groups. Children are at no time by themselves.

## 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 child (or \$100 maximum for 2 or more children) if paid by parent/guardian.  
\$160 per child if paid by an Agency or School.

Forms are to be returned no later than **Tuesday 1st May.**

(For payment details, go to page 5)

**Email:**  
[enquiries@chips.org.au](mailto: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 and summer beachwear will be needed. Please ensure all items are named.

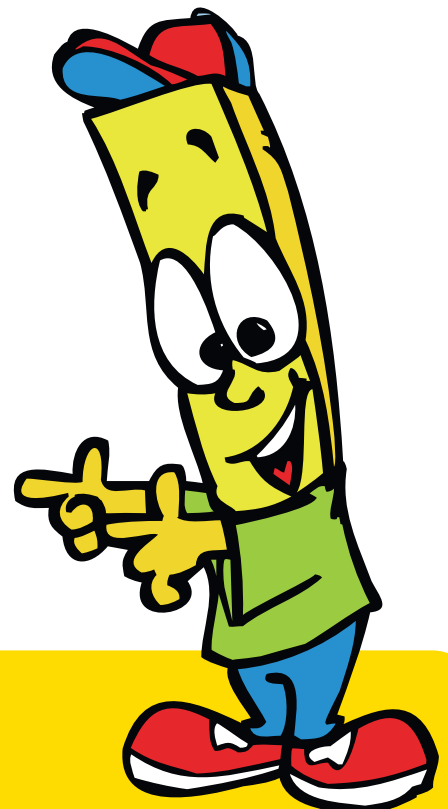
### You will need:

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

## What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Mobile Phones
- ✗ Alcohol / Non-prescription drugs
- ✗ Granny's Underwear!

**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
- Name and phone number of the person who referred them to camp
- Allergy, dietary, medication, and any other needs
- Date of last tetanus shot
- Medicare, health fund, health care or pension card, doctor and ambulance membership details

**Child Safe Policy Statement**

At C.H.I.P.S.<sup>®</sup>, 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.<sup>®</sup> Child Safety Officer or any C.H.I.P.S.<sup>®</sup> 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.<sup>®</sup> Child Safe Policies and Code of Conduct for staff and volunteers are available at [www.chips.org.au](http://www.chips.org.au) or by request to C.H.I.P.S.<sup>®</sup>.

**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'<sup>®</sup> camp.

C.H.I.P.S.<sup>®</sup> 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.<sup>®</sup> 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.<sup>®</sup> complaint resolution procedures. C.H.I.P.S.<sup>®</sup> Privacy Policy is available at [www.chips.org.au](http://www.chips.org.au) or by request to C.H.I.P.S.<sup>®</sup>.

# Children's Application Form For Children in Grades 1 to 6



**Instructions:** Please fill out all pages completely. The information is vital to the health and wellbeing of your child. Your application will be returned to you if it is not completed. Please rate behaviours honestly. This information will in no way prevent your child from attending camp.

**Please note: This is an application only** as children are accepted on a needs basis and availability of camp staff. You will be informed of the outcome via sms and email by **Friday 11th May**, so it is necessary to get your forms in as early as possible.

**Child's First Name:** ..... **Surname:** .....

**Date of Birth:** ..... / ..... / ..... **Grade:** .....  Male  Female

**Age:** ..... years **Current Emotional Age:** ..... years

**School Attending:** .....

**The child is living with: (tick one)**  Natural Parent/s  Foster Parent  Group Home  Relative

**Name(s) of person(s) the child is living with:** .....

**Address:** ..... **Postcode:** .....

**Home Phone:** (.....) ..... **Work:** (.....) ..... **Mobile:** .....

**E-mail:** .....

**Emergency Contact Name** (whilst on camp): .....

**Emergency Contact Phone:** ..... **Relationship to Child:** .....

**Your child was referred to the camp by: Name:** .....

School Wellbeing Worker  Welfare Agency  Chaplain  Other (Please specify): .....

**Phone Number:** .....

## Camper Details

This child's swimming ability is:  Good  Poor  Do not know

Will your child be travelling by bus to the camp?  Yes  No If No, how: .....

Has your child attended a C.H.I.P.S camp previously?  Yes  No If yes, when? .....

My child would like to be in a room with: .....

*(Whilst every effort will be made to accommodate this, it may not be possible to do so. Due to the room arrangements, children will not be able to be in a room with their parent/s /relatives /guardians, if they are attending the camp with them).*

**Please explain family circumstances that make camp especially important for the child:**

Parents Divorced  Loss of Sibling  Loss of Immediate Relative  Other (Please specify): .....

.....

.....

**Does your child have any Cultural, Religious and/or Special needs:**  Yes  No

If yes please specify: .....

.....

## Emotional/Behavioural History

Please fill in the list below to help us better understand your child:

**Bedwetting**  Often  Sometimes  Never

**Foster Placement**  Often  Sometimes  Never

**Anxiety Disorder**  Often  Sometimes  Never

**Night Terrors**  Often  Sometimes  Never

**Aggressive**  Often  Sometimes  Never

**Soiling**  Often  Sometimes  Never

**Biting**  Often  Sometimes  Never

**Runs Away**  Often  Sometimes  Never

**Eating Disorder**  Often  Sometimes  Never

**Sexual Acting Out**  Often  Sometimes  Never

**Hyperactive**  Often  Sometimes  Never

**Stealing**  Often  Sometimes  Never

**Tantrums**  Often  Sometimes  Never

**Lying**  Often  Sometimes  Never

**Withdrawn**  Often  Sometimes  Never

## Health History

Please indicate health history as accurately as possible.

Immunisation History: Last Tetanus shot: ..... / ..... / .....

Dietary requirements:.....

Allergies (inc. food):.....

Illnesses:.....

(Please indicate date of illness, severity, complications, and any residual impairments)

Disabilities/Limitations:.....

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Leg or Arm Braces | <input type="checkbox"/> Hearing Aids  | <input type="checkbox"/> Wheel Chair         | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Hypoglycemia        | <input type="checkbox"/> Dizzy Spells    |
| <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Back problems | <input type="checkbox"/> Insect Bite Allergy | <input type="checkbox"/> Drug Allergy    |
| <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Fainting      | <input type="checkbox"/> Balance Problems    | <input type="checkbox"/> Heart Problems  |

## Medication

It is very important that your child continues with their current medication while attending camp. If your child is currently taking medication, please register it with the nurse at camp registration. It must be in the original container with the pharmacy label on it. Our camp nurse will administer the medication, when needed. **NO** medication can be kept in your child's bag during camp.

Is your child taking any medication?  Yes  No If yes, please fill in the following:

Medication 1: ..... Dosage: ..... Times: .....

Medication 2: ..... Dosage: ..... Times: .....

Medication 3: ..... Dosage: ..... Times: .....

Medication 4: ..... Dosage: ..... Times: .....

What is (are) the medication(s) for:.....

I give permission for my child to be given paracetamol if required (please tick relevant box):  Yes  No  
If 'yes' please specify what type (please tick relevant box):  Liquid  Tablet

Please add any other comments relating to HEALTH and MEDICATIONS on an additional sheet (if needed).

Medicare No: .....

Expiry: .....

Child's position on card: .....

Health Fund Name: .....

Membership No: .....

Health Care Card/Pension No: .....

Ambulance Membership No: .....

Family Doctor's Name: .....

Doctor's Phone: .....

## Family Arrangements

Please provide details about any custody or family violence intervention orders relevant to your child: .....



## Parent/Guardian Consent and Authorisation for Children

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 my child, at the nearest or most convenient medical/emergency facility.
- Arrange transport for my child if required (this may require transport by ambulance).

Whilst C.H.I.P.S® and its leaders will take all reasonable care to secure the safety of my child, I understand that neither C.H.I.P.S®, 'Life Gets Better'® leaders, nor designated helpers, will be held responsible for any injuries incurred by my child, 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 my child; including medical assistance, treatment, ambulance, etc.

**I hereby give my consent for the above named child to attend the 'Life Gets Better'® Camp, 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 child/ren's participation in the 'Life Gets 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 my child 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.**

**Parent/Guardian Signature:** .....

**Date:** ..... / ..... / .....

**Print Name:** .....

'Life Gets Better'® camps offer parent sessions throughout the camp. Feedback from previous parent-campers has been extremely positive.

Parents/Guardians - Do you wish to attend camp?  Yes  No

If yes, please fill in a parent/guardian application form.

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 paramedical staff or other relevant officers, in the event of an accident or emergency.

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

**Cost: \$50 per child if paid by the parent/guardian (\$100 maximum for 2 or more children).**

**\$160 per child if paid by an Agency or School.**

**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

