



EdmundRice
Camps SA

Edmund Rice Camps SA Referral Form 2019

Referred Child's Details

First Name:	
Surname:	
Date of Birth:	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Completing the form

This referral must be completed by a non-relative who holds a position of responsibility or qualification, such as a Caseworker, Social Worker, Psychologist or Teacher. It is expected that this person knows the referred child well enough to comment on their suitability for an Edmund Rice Camps program.

The purpose of you seeking and signing the following information is to ensure, as far as practicable, that the safety of the referred child, as well as the other camp participants and the staff is not compromised by accepting a referred child who might demonstrate behaviour that is inappropriate and beyond the ordinary capacity of an Edmund Rice Camps program.

All referral forms must have a completed, and signed, Conditions of Placement – Referrer, and Parent/Guardians Statement for a referred child to be considered for an Edmund Rice Camps program.

Referral Agent Details

Agency name			
Individual Referrer name			
Position/Relationship of Referrer			
Referrer email			
Daytime contact number			
After hours contact number	<i>This number is compulsory for Child Protection and management of a child's attendance. Only an Agency Staff Member Contact will be accepted.</i>		
Agency Street address		Postcode	
Agency Postal address (if different from above)		Postcode	

Office use only

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

Form Version 1.0

Child Details

Child Name			
Address		Postcode	
Date of birth		Age	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
(Please tick if appropriate)	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Refugee <input type="checkbox"/>		
Is this child under the Guardianship of the Minister?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide Case Worker contact details;		
Has this child previously been under the Guardianship of the Minister?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and for what duration?		
School			

Family Details / Emergency Contact Details

Parent/Guardian #1 Name			
Relationship to Child			
Address		Postcode	
Contact phone number			
Alternative contact phone			
Email Address			

Parent/Guardian #2 Name			
Relationship to Child			
Address		Postcode	
Contact phone number			
Alternative contact phone			
Email Address			

Medical Information

This section of the 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 response.

DOCTOR AND MEDICARE DETAILS			
Doctor's Name:		Doctor's Number:	
Medicare Number:		Medical Fund:	
Date of Last Tetanus Shot:		Anaphylaxis/Epi Pen:	YES / NO (please circle)
DIET AND MEDICAL CONDITIONS			
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose intolerant <input type="checkbox"/> Gluten free			
<input type="checkbox"/> Food allergies (please specify below) <input type="checkbox"/> Other (please specify below)			
Please tick the appropriate box if this child suffers from any of the following and provide details for all answers you have selected:			
<input type="checkbox"/> Allergies (please specify below) <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Skin Condition (e.g. Dermatitis) <input type="checkbox"/> Heart condition <input type="checkbox"/> Soiling <input type="checkbox"/> Swallowing/Choking Difficulties <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Hay Fever <input type="checkbox"/> Joint Disorder (e.g. Arthritis) <input type="checkbox"/> Fears/Phobias <input type="checkbox"/> Travel sickness <input type="checkbox"/> Communication Difficulties <input type="checkbox"/> Diabetes <input type="checkbox"/> Migraine/chronic headaches <input type="checkbox"/> Any injury/operation in the past 12 months <input type="checkbox"/> Seizures <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Any conditions that may be aggravated on <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Vision Impairments camp <input type="checkbox"/> Blackouts <input type="checkbox"/> Hearing Impairments <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Ear Disorder (e.g. Drainage Tubes) <input type="checkbox"/> Other:			
Details: _____ _____			
ASTHMA			
Has the Participant been diagnosed with Asthma?			
<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Severe			
If the child's asthma is described as being <u>severe</u> , an Asthma Management Plan signed by a Registered Medical Practitioner must be provided with this form along with the dosage amounts and prescribed medications.			
<input type="checkbox"/> Asthma Management Plan Attached			

*If this child has any medical conditions that may require a specific emergency response (e.g. asthma, anaphylaxis, epilepsy, diabetes), please attach a **Medical Condition Treatment Plan** as prepared with your doctor.*

CHRONIC ILLNESS/DISABILITIES

Does this child have any chronic illness, medical condition, or physical restriction? YES / NO (please circle)
 If yes, please provide details: _____

Please tick the appropriate box if this child has any of the following disabilities/disorders:

<input type="checkbox"/> Autism	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other
<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Intellectual disability	(please specify below)
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Mental illness	
<input type="checkbox"/> ODD	<input type="checkbox"/> Acquired brain injury	

Please give details: _____

ASSISTANCE REQUIREMENTS/SWIMMING ABILITY

As a volunteer lead organisation, please be aware that we may not be able to provide direct/physical personal care to your child (i.e. toileting and showering). Please enquire case by case.
 Please tick the appropriate box if this child needs assistance 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 (please specify below)

Please give details: _____

Please tick the box which best describes the child's ability to swim:

Excellent Good Poor Non-swimmer

MEDICATIONS

Prescribed Medication
 For single prescribed medication, please provide in packaging with child's name and dosage label attached. For multiple prescribed medications, please provide in a **Webster Pack (see your Pharmacist)**.

Medication Name	Taken with Food? (please circle)	Dosage (please circle)		Time Administered (tick as many as appropriate)						
				As required	Before Breakfast	Breakfast	Lunch	Dinner	Bedtime	Other (please specify)
	Yes/No		mg							
			tablets							
			ml							
	Yes/No		mg							
			tablets							
			ml							

Child Background

Is this the first time that this child has been referred to Edmund Rice Camps? If not, when has this child attended another Edmund Rice Camp?

What are your reasons for referring this child, in relation to our selection criteria?

What do you hope will be the outcome benefits for this child?

Has this child been diagnosed with any specific conditions (e.g., health, mental, physical, behavioural)? If yes, please explain.

Is this child on any medication? If yes, please give a brief summary what this is for.

Has this child participated in a residential camp before (without their family)?

Is this child able to independently care for their personal hygiene (e.g., toileting, showering, bedtime)?

Is this child able to follow and be part of group activities?

Is this child sensitive to noise? If yes, please explain.

How would you describe how this child feels about themselves, e.g., their sense of self-value and confidence?

How well does this child associate with others, both children and adults (e.g. with difficulty, associates well, very well)?

What are the positive attributes you would identify in this child (e.g. friendly, can follow adult instruction/direction, etc.)?

Does this child have any challenging behaviours? If yes, please explain.
Are there any specific triggers which can lead to behaviour concerns?

Do you have reason to believe that this child has exhibited physical violence towards others?
If yes, please explain.

Do you have reason to believe that this child has exhibited sexualised behaviours towards others?
If yes, please explain.

Do you have reason to believe that there is any indication that this child has attempted self-harm?
If yes, please explain.

Do you have reason to believe that this child is likely to place him/herself, the staff or any other children at risk in any way? If yes, please explain.

Family Background

Do any of the following pressures currently impact this child/family?		
Behavioural <input type="checkbox"/>	Care Responsibilities <input type="checkbox"/>	Cultural <input type="checkbox"/>
Economic <input type="checkbox"/>	Family <input type="checkbox"/>	Financial <input type="checkbox"/>
Physical Health <input type="checkbox"/>	Living Arrangements <input type="checkbox"/>	Physical Disabilities <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Previous relationship trauma <input type="checkbox"/>	Other <input type="checkbox"/>
Which of these are of greatest concern and why?		

Are you aware of any Religious or Cultural preferences or customs that would impact on the participation of this child on camp?

Are you aware of any other Agency supporting this family or child? If yes, please provide details.

Conditions of Placement - Referrer

Please read the following information relating to the placement of the child on an Edmund Rice Programme and sign where indicated. In signing, you accept the following conditions and there is a belief on the Referee's part that the child seeking placement is suited for placement on an Edmund Rice Camp, playing and living with other children of similar age in a safe, fun environment.

1. *Other than a small number of staff members, Edmund Rice Camps are staffed entirely by volunteers, largely aged between 17 & 21 years. While some volunteers in the camp Management Team hold or are progressing towards professional qualifications, the majority of ERC volunteers hold no formal qualifications.*
2. *All information relating to how the child may interact with the young adult volunteers and other children in a residential environment **must** be included in this recommendation form.*
3. *Transport of a child to and from the pick-up and drop off points is **not** the responsibility of ERCSA*
4. *The Referral Agent's contact details (daytime and after hours) are to be included in this Referral Form and be relevant to the time the child is attending camp.*
5. *Should the child need to be sent home due to illness or inappropriate behaviour, the Referral Agent has a responsibility to be involved if parents/carers are unable to provide immediate transport.*
6. *Junk food, drinks and mobile devices are all prohibited on camp. This needs to be discussed with children before camp. Any children with these items on camp will have them confiscated, and returned to them at the end of camp.*
7. *ERCSA reserves the right to accept or reject any application based on the best possible match between applicants and the skills of the volunteers for a particular camp.*
8. *It is the agencies/carers responsibility to ensure the child has appropriate clothing for the camp. ERCSA must be notified in advance if extra clothing and/or equipment is needed.*
9. *ERCSA uses images, photos and video for promotional purposes (including but not limited to ERC, newsletters, brochures, forms and websites).*
10. *The Referring Agency is expected to work with the families to ensure payment of fees for camps and activity days are covered.*

I have read and understood the above conditions under which Edmund Rice Camps SA conducts programs. 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.

Referral Agent Name (PLEASE PRINT)			
Referral Agent Signature		Date	

Parent/Guardians Statement

Please read the following information relating to camps conducted by Edmund Rice Camps SA .

1. *Edmund Rice Camps are staffed almost entirely by Volunteers, principally aged between 17 and 25. Whilst Volunteers with some professional qualifications hold leadership roles on each camp, the majority of Leaders do not hold such qualifications. All information that may affect the behaviour of the child on the camp, including their interaction with Leaders and other participants, must be provided with the application. All information regarding the child's physical, emotional and mental health, which may have an impact on the child or other participants whilst on camp, must be forwarded with the application.*
2. *The Parent/Caregiver's contact phone numbers, both for business hours and after hours, are to be provided with the application. Should a child need to be sent home from a camp, due to illness or inappropriate behaviour, it is the Parent/Caregiver's responsibility to provide transport, unless otherwise negotiated with a Staff Member. A list of requirements for the Camp will be supplied when the child is placed on Camp. We ask children NOT to bring phones, electronic games or music devices, special toys (apart from a toy for bedtime).*
3. *I acknowledge that the supervisors will take every care at the camp in the supervision of my child and have undergone special training in caring for children. I accept that the supervising adults (Volunteers) will not incur liability for any accidental injury sustained by my child.*
4. *I authorise Edmund Rice Supervisors in the event of any accident or illness and where it is not possible or reasonable to obtain my consent at that time to engage any medical practitioner or hospital facilities and in this event I agree to pay all such doctor, nurse or hospital expenses. I expect that I will be informed as soon as possible.*

I have read and understand the above information.

Parent/Caregiver's name (PLEASE PRINT)			
Parent/Caregiver's Signature		Date	

PHOTO RELEASE CONSENT

In order to provide a Child Safe environment, photographs on camp are only taken by the ERCSA Camp Manager or a person authorised by the Camp Manager. Photographs are for Edmund Rice Camps SA use only and not for general distribution. At times, photographs may be required for publicity, grant applications and on our website. Photographs will not be used without consent. To ensure your child's well-being, please complete the 3 questions below:

Do you give ERCSA permission to include your child in any general and group photographs where your child's face is NOT identifiable?	YES / NO
Do you give ERCSA permission to include your child in any photographs, for Camp use only, where your child's face IS identifiable?	YES / NO
Do you give ERCSA permission to use photographs in which your child's face IS identifiable on our website, in publications and/or in grant applications? No child's name will be used.	YES / NO

Winter Camps 2019

The cost for the camp is \$150 per child. Agencies must have arranged who will be making payment prior to camp commencing.

Camp Details:

Ages	Camp Dates	Please ✓ Preferred
Younger (8-11 years old)	SATURDAY 6 th July – TUESDAY 9 th July 2019	
Older (12-15 years old)	MONDAY 15 th July – THURSDAY 18 th July 2019	
<i>Note: Camps will begin on different days to the traditional Tuesday – Friday programs. Please note the start and finish days of each camp are different</i>		

Location	Rostrevor College – 69-72 Glen Stuart Road, Woodforde (please enter via Heather Avenue / Rostrevor College Road)
Drop off Time	10:30am
Pickup Time	10:30am

Payment (\$150 per child)

<input type="checkbox"/> Payment will be made by referring agency	
Name (invoice will be issued to)	
Address (to be on the invoice)	
Email address (for invoice to be sent)	
<input type="checkbox"/> Payment will be made by the family (this must have been discussed with the family)	

PLEASE NOTE: We cannot guarantee places on the camps but all applications will be considered equally after the closing date. Please be aware that we only have on average 20 - 25 places on each camp. All agencies will be notified of the status of their application within ten days of the closing date. Successful applicants will also receive a 'what to bring' list.

Please return this information to:

Jessica Alikaris
Executive Officer
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