



# *Holiday camp program*

## **APPLICATION FORM**

## ABOUT DOXA

Doxa is a for-purpose organisation that exists for the benefit of young people.

We provide programs so that all young people can access positive life experiences, education opportunities and employment pathways.

We've been around since 1972 and our programs support over 5,000 young Victorians each year, typically aged eight to 22 years.

Many of the young people who participate in our programs come from really challenging life circumstances. Everyone is different but this could be financial hardship, under-employment in the family or from newly arrived migrant and/or refugee status.

## ABOUT THE PROGRAM

Our Holiday camp program offers positive life experiences through a variety of team building activities, personal challenges, and eye-opening moments. We aim to give young people from challenging life circumstances an opportunity for growth and development and, of course fun!

The camps are led by our experienced and inspirational staff who will help support and encourage everyone along their path. We believe that everyone deserves positive life experiences to propel them forward to achieve greatness.

### Who can attend a Holiday camp?

Our Holiday camp program is for students in Years 4 – 6, and is specifically designed for young people from challenging life circumstances.

#### City camp

Located in the heart of the Melbourne CBD, young people get to discover Melbourne in a way they've never seen before. From the large iconic attractions to the hidden gems of Melbourne's laneways, sporting activities, and maybe even an amazing race, the cultural experience they have is like no other. Our CBD location is located on the lands of the Wurundjeri people, a privilege we honour and respect.

#### Malmsbury Camp

On the land of the Dja Dja Wurrung people is our Malmsbury camp. Young people have a camp experience in a rural setting and get to experience the great outdoors, away from the confines of urban living. Our camp offers a range of activities from low ropes, raft building, the giant swing, rock climbing, and many other activities that are designed to build skills of confidence, resilience, and team-building.

## THE APPLICATION PROCESS

Thank you for your interest in Doxa’s Holiday camp. Please read, complete, and sign this form and return it to [camps@doxa.org.au](mailto:camps@doxa.org.au) and we’ll be back in touch soon. If you need more information, please contact our camp staff on:

- Malmsbury Camp - Jo O’Hanlon on (03) 5473 4310
- City Camp - Tenille McInerney on (03) 9046 8220

### How does this work?

Please be advised that submission of this application is not a confirmed attendance.

Once you’ve sent back this application form, we’ll get in touch with you to advise on the next steps including payment and transport options.

### So, what is the cost?

Total cost is \$45. This includes all meals, accommodation, and program activities. More details around payment of this amount can be sorted out once we get in touch to confirm the application.

Our Campership Fund was set up to ensure that no young person misses out on attending our program due to financial disadvantage. This means we are able to cover up to 100% of camp costs for those who need support to attend.

### Select your camp

You cannot apply to attend multiple camps, for the summer holiday 2018 program, please rank your camp selection in order of preference.

Malmsbury camp	City camp
<b>Summer holidays 2018</b> <input type="checkbox"/> Camp 1: 8 - 12 January <input type="checkbox"/> Camp 1: 15 - 19 January <input type="checkbox"/> Camp 2: 22 - 25 January (4 days)	<b>Summer holidays 2018</b> <input type="checkbox"/> Camp 1: 8 - 12 January

### How do I get there?

Malmsbury camp	City camp
Bus transport available from Melbourne CBD & Bendigo Drop off & pick up at Malmsbury camp <b>1000 Vaughan Springs Road, Drummond North</b>	Drop-off & pick-up at Melbourne CBD Location

### Camper contact details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male / Female / other

Parent / guardian name: \_\_\_\_\_

Parent / guardian email: \_\_\_\_\_

(Please note the above email address will be used for all communication with you by Doxa)

Parent / guardian mobile phone: \_\_\_\_\_(or home phone if no mobile)



Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**School contact by Doxa**

Please tick **one** of the following options in regards to Doxa contacting your child's school, if required to discuss their suitability to participate in the Doxa holiday program.

I consent OR  I do not consent

Name of school: \_\_\_\_\_

School phone number: \_\_\_\_\_

**Emergency contacts****My emergency contact details:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Alternative contact details:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Medicare / Ambulance / Health Insurance****Medicare Details:**

Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ child's number on card: \_\_\_\_\_

**Ambulance cover (if applicable);**

Does your child (family) have Ambulance Cover?

No  Yes 

If Yes, please provide details below;

Member Number: \_\_\_\_\_

**Private Health Insurance (if applicable):**

Does your child (family) have Private Health Insurance?

No  Yes 

If Yes, please provide details below;

Fund name: \_\_\_\_\_ Member Number: \_\_\_\_\_

## Medical and dietary requirements

1 Does your child have any allergies to any food, medication or other? No  Yes

Is this an anaphylactic reaction? No  Yes

Please provide details, including what actions/medication is required:

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2 Does your child have any ongoing medical conditions (Asthma, Diabetes, Epilepsy, etc.) No  Yes

If yes, please provide details:

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3 Does your child have any behavioural concerns? No  Yes

If yes, please provide details:

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4 Does your child have regular/ prescribed medication? No  Yes

If yes, please provide details:

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5 Does your child/I have any special dietary requirements (allergies / intolerances)? No  Yes

If yes, please provide details:

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## Swimming ability:

Please indicate your child's swimming ability

- Non-swimmer
- Novice (supports oneself in shallow water)
- Intermediate (supports oneself in deep water and can swim a length of the pool)
- Advanced (supports oneself in deep water and can swim many lengths of the pool)

## PARTICIPATION & MEDIA CONSENT FORMS

Our award-winning programs are carried out in strict accordance with Australian Occupational Health & Safety regulations and our qualified staff have comprehensive training in First Aid, Health & Safety procedures, and Risk Management.

The wellbeing and safety of participants is of paramount importance at all times. However due to the nature of some of the activities in our programs there is an inherent element of risk involved.

A full list of our completely voluntary activities and any further information required about our programs are available on request. Please email: [operations@doxa.org.au](mailto:operations@doxa.org.au) or phone: (03) 9046 8200.

**Completion of this form is compulsory in order for your child to participate in all our activities.**

### General Waiver Agreement and Release

- I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken during a Doxa program and I accept that risk.
- I agree that Doxa will not be held responsible for any future medical complications that may arise later, as a result of an incident.

### Medical emergency

- In the case of an emergency I authorise Doxa staff, where I am unable to be contacted, to arrange for my child to receive medical or surgical treatment as deemed necessary.
- I also consent to undertake any payments or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child is in Doxa's care.

### Unacceptable behaviour

- I understand and acknowledge that Doxa strives to create a positive and fun experience for all events and unacceptable behaviour such as bullying, abusive language, negative attitudes as well as possession or use of illegal substances, cigarettes or alcohol will not be tolerated.
- I further understand that in such circumstances deemed necessary my child may be sent home and the cost associated with their return will be my responsibility.

### Transport

- I understand that Doxa is not held responsible for any incidents occurring on transportation to and from the Doxa program location.

### Personal Information

- I understand that any personal information collected related to my child can only be accessed by authorised Doxa staff, subject to privacy restrictions.
- I consent that such information may be provided to medical professionals where necessary.

By signing below, I agree for \_\_\_\_\_ (full name) to attend and participate in the activities offered and agree to assume the risks of participating in these activities. I understand and have read the above information provided by Doxa in relation to the holiday program.

Parent/guardian: \_\_\_\_\_ (full name)

: \_\_\_\_\_ (Signature) \_\_\_\_\_ (date)

## Cultural safety

We're committed to making sure your child feels culturally safe when they're participating in our programs. That's why we want to know:

Does your child identify themselves as Aboriginal and/or Torres Strait Islander. No  Yes

## Media consent

- I consent to Doxa holding any photograph or video footage of my child/me throughout the duration of program participation and to use in any promotional material including:
- Marketing collateral (brochures / reports)
- Print and online media (newspapers, magazines, blogs, news sites)
- Social media (Facebook, Instagram, Twitter) and Doxa website, promotional videos
- I acknowledge that no fee or other charge is payable to Doxa for that use and that Doxa owns all copyright in the photograph or video.
- I understand that I can withdraw my consent to future use of any photograph or video by giving Doxa written request at any time.

Please **tick one** of the following options in regards to media consent:

I consent OR  I do not consent