



Edmund Rice Camps (SA) Inc

All Information Given On This Form is Private & Confidential
It is Important That You Fill Out All Sections In This Form

Today's Date: ___/___/___

Family Details

	Sex	Surname	Given Name	D.O.B	Age
Parent/Guardian 1					
Parent/Guardian 2					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					

Address _____

_____ P/Code _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____

What is the Main Language Spoken at home? _____

What School/s does your child/ren attend?

Child 1: _____ Year Level _____

Child 2: _____ Year Level _____

Child 3: _____ Year Level _____

Child 4: _____ Year Level _____

Child 5: _____ Year Level _____







Child 6: _____ Year Level _____

Is your family involved in any other care/support programs? (e.g. Camps, Counselling, mentoring etc)

Yes No Please list _____

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 PH. (08) 8234 2937 FAX: (08) 8234 1940
 EMAIL eddie@eddiericecamps.org.au
 Web: www.eddiericecamps.org.au

Reason for Nomination: (Please tick all that apply & give as much detail as possible)

<input type="checkbox"/>	<p> In Crisis, Unable to cope with the circumstances in current situation, At risk of abuse or neglect or witness or has been a witness to abuse/DV, Recent Traumatic experience, Is or at risk of self harming</p> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<p> Under the guardianship of the minister (GOM) either living in residential units or in foster care/adoption, Cared for by extended family (Relative Care included), Experiencing Custody Battles, Temporary visa/refugee status, Is a part of a Cultural group (i.e. Indigenous Australians, Sudanese etc), Living in rural or social isolation</p> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<p> Has a Chronic or terminal illness, Witness to other DV/Trauma not recent, Disability or delay (developmental, intellectual or physical), Behavioural disorder (ADD, ADHD, ODD etc.), Eating disorder, Experiencing grief or loss, Experiencing depression, Mental Health issues, Needs respite from family / siblings, Low self esteem/confidence, Emotional difficulties</p> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<p> Experiences difficulty in socializing with peers, Social difficulties, Communication breakdowns & difficulties, Academic difficulties, Not attending main stream schooling, Sibling/s have a disability</p> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<p> Family experiencing financial hardship, Under employed or unemployed, Single parent household, Dual or Single parent with Large family unit (multiple siblings), Parent/Carer need for Respite, Parent/Carer experiencing difficulties caring for child (Carer has ill health, disability, mental health issues)</p> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<p> Has never or rarely experience a holiday, Has no other support services, Is on a waiting list to receive other support services</p> <hr/> <hr/> <hr/>

Any other additional information:

Information provided to Edmund Rice Camps (S.A) Inc. will be used for the purpose of organising and facilitating Edmund Rice Camps programs. Authorised Edmund Rice Camps staff and volunteers will have access to information provided by applicants in compliance with privacy legislation.

I _____ have filled out this form truthfully and I am aware that there is no obligation for Edmund Rice Camps (S.A) Inc. to accept this nomination. I acknowledge that I have thoroughly read and understood this document, and I agree to the terms and conditions set down by Edmund Rice Camps (S.A) Inc.

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

<p>Agency / School Name: _____</p> <p>Contact Person: _____</p> <p>Phone: _____ Fax _____</p> <p>Email _____ -</p> <p>Postal Address _____</p> <p>Is Your Agency/School Prepared to Pay Camp / Activity Fees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Agency/Worker)Signed: _____ Date: _____</p>

Completion of this nomination form *Does Not* guarantee placement for camps. The selection process is decided by the staff and/or Members of the Board of Management and is up to their discretion. The criteria for selection is taken from the information received through, nomination form/s, the intake interview, as well as any new information as supplied by parents/carers/social workers /others involved in the lives of the child and/or young person.

There are circumstances where children and young people or families will not be selected for camp, this includes; Children and/or young people that Pose a threat to either participants and/or volunteers, and/or a disability that cannot be accommodated (i.e. multiple/severe disability that needs specialist training) *Without a Carer or Staff Member willing to attend.

Edmund Rice Camps (S.A) Inc. reserves the right to accept or reject any application based on the number of places available, as well as on the best possible match between applicants, the skills of the leaders volunteering for a particular camp, and the needs of the camp as a whole.

Conditions of Camp Placement

Please read the following information relating to camps conducted by Edmund Rice Camps S.A (Inc). A signed copy, signifying acceptance of these conditions and a belief on the Parent/Caregiver's part that the child seeking placement is suited to ERC programs, must accompany each application for placement on an Edmund Rice Camp.

Edmund Rice Camps are staffed almost entirely by volunteers, principally aged between 17 and 30. While 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 behavior 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.

Transport of the child 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 (S.A) Inc.

The Worker/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 behavior, it is the Worker/Caregiver's responsibility to provide transport, unless otherwise negotiated with a staff member.

The child seeking placement fits the criteria of being either socially, emotionally or financially disadvantaged.

Edmund Rice Camps (S.A) Inc. reserves the right to accept or reject any application based on the number of places available, as well as on the best possible match between applicants and the skills of the leaders volunteering for a particular camp.

It is the Worker/Caregiver's responsibility to ensure that the child has appropriate clothing and equipment for the camp. ERC must be notified in advance if extra clothing and/or equipment is needed.

I have read and understood the above conditions under which Edmund Rice Camps conduct programs in South Australia. Based on this information, I believe the child I am nominating for placement on this camp is suited to the conditions under which the camp is to operate. I realise that a failure to comply with the above conditions could result in the termination of any future involvement with Edmund Rice Camps for this child.

Worker/Caregiver's Name _____

Nominated Child _____

Signature _____ **Date** _____