



New Camper Referral Form

Edmund Rice Camps have a unique 1:1 ratio of children to volunteers and we operate on a model of Positive Youth Development. We often receive more referrals than we have placements for. To ensure we are supporting the children who need us most, we have the following eligibility criteria:

Eligibility	
<input type="checkbox"/>	The child's biological age is between 8 and 12 years of age
<input type="checkbox"/>	The child's medical needs can be managed in a camp setting
<input type="checkbox"/>	The child would benefit from engagement from other young people in a fun, supportive environment and they have shown the capacity to do so in the past.
<input type="checkbox"/>	This child may face financial constraints, limiting their opportunity to access other school holiday experiences.
<input type="checkbox"/>	The child understands that as part of engaging with our camp, they must be willing to put aside electronic devices and mobile phones for the duration of the program.

Referrer Information:

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.

Referring Professionals Information:			
Agency Name:			
Staff Member's Name:		Position/Role:	
Office Address:			
Suburb:		Postcode:	
Referrer Email:			
Referrer Phone Numbers:	Daytime Office Number:		
	Daytime Mobile Number:		

Child's Information:

By providing us with as much information as possible, you are enabling us to place the participant on the most appropriate program, with the most appropriate support from volunteers and staff. The purpose of seeking 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.

Referred Child's Information:			
Full Name:*			Age:
			Date of Birth (dd/mm/yyyy):
		___ / ___ / ____	
Address: *			
Suburb: *		Postcode: *	
Languages Spoken:			
Gender and pronoun: *	*This information is used to ensure we can provide appropriate bathroom and sleeping arrangements for all campers. *		
Is this child under the Guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this child previously been under the Guardianship of the minister?	<input type="checkbox"/> Yes if yes, when & for what duration? _____ <input type="checkbox"/> No		
What is the child's cultural and ethnic background	<input type="checkbox"/> Australian <input type="checkbox"/> Australian Indigenous / Torres Strait Islander <input type="checkbox"/> Other: Please specify _____		
Are you aware of any religious or cultural preferences or customs which may impact the child's participation on camp?		<input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No	
Supports Required: * (Whole section required)			
Please tick the following tasks this child may need support with:	<input type="checkbox"/> Toileting	<input type="checkbox"/> Eating	
	<input type="checkbox"/> Showering	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Bedtime			
Please provide further details:			
Swimming Ability:	<input type="checkbox"/> Non-swimmer		<input type="checkbox"/> Competent
	<input type="checkbox"/> Beginner		<input type="checkbox"/> Confident

Dietary Requirements: * (Whole section required)

Does the child require any of the following?	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose free	<input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Other: _____
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Does the child have any food allergies or aversions?	<input type="checkbox"/> Food Allergies – please specify and detail treatment required: <input type="checkbox"/> Aversions – please specify:
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Medical Information: * (Whole section required)
*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 a doctor.*

Medicare Number:	_____
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Valid to (mm/yyyy):	___ / _____
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Do any of the following conditions apply to this child:

<input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Sight or hearing impairment or challenges <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Blackouts <input type="checkbox"/> Phobias <input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Sleep Apnoea <input type="checkbox"/> Sleep Paralysis <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Epilepsy or fits <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Night Terrors <input type="checkbox"/> Diabetes <input type="checkbox"/> Migraines	<input type="checkbox"/> Autism <input type="checkbox"/> Asperger’s Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> ODD <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Mental Illness <input type="checkbox"/> Other (specify below) _____ _____ _____
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Please provide further details include management/ treatment:	
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Allergies:	<input type="checkbox"/> Penicillin <input type="checkbox"/> Nuts <input type="checkbox"/> Animals <input type="checkbox"/> Grass/tree Pollen (hay fever) <input type="checkbox"/> Insect bites and stings <input type="checkbox"/> Latex (e.g. food handling gloves) <input type="checkbox"/> Other:
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Does this child require an EpiPen? <i>If yes, an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan must be provided with this application. Edmund Rice Camps staff/volunteers must be provided with a complete auto-injection device on arrival at camp.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide details on how to care for this allergy:	
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Medications: * (Whole section required)

All prescribed medication is to be provided in a pharmacy issued Blister Pack, Webster Pack or Dossett Box which is clearly labelled.

Any additional information which does not fit in the table provided below, must be provided to staff in a separate attachment to this referral.

Name of Medication #1:	
Dosage and times required:	
Name of Medication #2:	
Dosage and times required:	
Name of Medication #3:	
Dosage and times required:	
Further comments (e.g. side effects, must take with food etc.):	

All medications below may be provided to your child for specific symptoms as indicated on the product label. Please tick the below medications which you **DO GIVE PERMISSION** for us to use, should the child require them. * (Whole section required)

If you feel your child may require something while at camp e.g. antihistamine, cough drops etc. please provide them to staff on the first day of camp. If our first aiders / team feel your child need something else such as benadryl, antacids, skin ointments, ibuprofen, cough drops, etc. will require a phone call to the parent/carer before administering.

<input type="checkbox"/> Paracetamol	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Insect Repellent
Any comments?		

Child's Parent / Guardian Information:

Parent/Carer #1 * (Whole section required)			
Full Name:			
Relationship to Child:			
Address:			
Suburb:		Postcode:	
Languages Spoken:			
Email:			
Phone Numbers:	Best Contact Number:		
	Alternative Number:		
Parent/Carer #2			
Full Name:			
Relationship to Child:			
Address:	Check box "same as above" <input type="checkbox"/>		
Suburb:		Postcode:	
Languages Spoken:			
Email:			
Phone Numbers:	Best Contact Number:		
	Alternative Number:		
Next of Kin * (Whole section required)			
Full Name:			
Relationship to Child:			
Address:			
Suburb:		Postcode:	
Languages Spoken:			
Email:			
Phone Numbers:	Best Contact Number:		
	Alternative Number:		

Child's Behaviour Profile:

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. If this is not possible please contact Andrew Blackett on 0409345950.

Behavioural Profile: * (Whole section required)	Always	Sometimes	Not often
<i>If this child has a Behaviour Management Plan (BMP) or Behaviour Support Plan (BSP), please attach it to this referral.</i>			
Does this child engage well with others in group activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this child sensitive to noise and/or busy environments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child need support to engage positively with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child likely to experience serious homesickness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of absconding (running away/hiding from adults)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child throw tantrums or fits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a history of damaging or vandalising property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child demonstrate leadership skills, interest and/or potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child support and encourage their peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have challenges responding to directions from positions of authority (e.g. parents/carers, teachers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child exhibit any verbally aggressive behaviours including yelling at others, screaming, swearing, threatening others etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child exhibit any physically aggressive behaviours including physically intimidating others, pushing, kicking, cornering, punching, slapping etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child exhibit any self-harming behaviours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child exhibit any sexualised behaviours, including but not limited to sexualised talk, touching their genitalia in front of others, touching the genitalia of others, talking about touching their genitalia or others, engage in pornographic material etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any reason to believe that this child may place themselves, staff, volunteers or other children at risk in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to provide any further information relating to their behaviour or comment further on the above? *			
<hr/> <hr/> <hr/>			
Interests, Likes, Dislikes:			
What are some of the child's likes/strengths?			
Does the child have any specific dislikes?			

Family & Child's History: * (Whole section required)

Safeguarding is based on both preventative and responsive practices. In order to support us to remain relevant to the needs presented within our communities, we need to be aware of the challenges experienced by our children and families. The below information will be used in multiple ways, including being de-identified and collated into a larger dataset which is used to inform and guide both our volunteer and staff training. We request this information as it supports us to remain aware of trends emerging within communities and influences our practice. The information supplied here is also attached to the child's and families' profile in our databases and provides context to inform responses while the child is in our care.

Please tick all of the following which impact this child:

Pressure/adverse experience	Currently impacting (in the last month)	On-going (for 6 or more months)	Historical (1 or more years ago)	Not applicable
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated Carer or Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessing Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse in the Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce or parental separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to, or involvement in criminal activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parentification (child taking on carer responsibilities of others in the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to provide any further information on the above challenges?

Referral Agency Acceptance:

Please read and sign the below for all referrals, new and returning.

Conditions of Camping:			
<p>Edmund Rice Camps are coordinated by 1 staff member and run by volunteers, principally aged 16 to 30. All volunteers are trained and screened by Edmund Rice Camps, but do not hold specific qualifications to this field.</p> <p>Transport of the child to and from the designated pick up and drop off point, at the commencement and conclusion of the camp, is the responsibility of the parent/carer and referring agency – not Edmund Rice Camps.</p> <p>The caseworkers and carers contact phone number, both during business hours and after hours, is to be provided with the application. Edmund Rice Camps will not accept referrals without an after-hours contact number for the referring agency. A contact number for family or friend is NOT an appropriate substitute for an agency after hours number.</p> <p>Should a child need to leave camp, due to illness or inappropriate behaviour, it is the agency and carer's responsibility to provide immediate transport. Due to the nature of the children's circumstances who we care for on camp, it is important that should a situation arise that requires a child's removal from camp, this is able to be managed in a quick and efficient manner. As such, we are unable to accept referrals for any child who lives or is case managed by an employee who is further than a 2 1/2 hour drive from the campsite.</p> <p>Junk food, drinks and electronic devices (including mobile phones) 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 their carers at the end of camp.</p> <p>Edmund Rice Camps reserves the right to accept or reject any application based on the best possible match between applicants and the skills of volunteers for a camp.</p> <p>It is the agency's and carer's responsibility to ensure that the child has appropriate clothing and equipment for camp. ERC must be notified in advance if extra clothing and/or equipment is needed.</p>			
<input type="checkbox"/>	I have read, understood and agree to the above conditions under which Edmund Rice Camps conduct programs. Based on this information I believe the child I have referred is suited to the conditions under which the camp is to operate.		
<input type="checkbox"/>	I have read, understood and agree to the Privacy Policy (OP1.4) under which Edmund Rice Camps operates.		
<input type="checkbox"/>	I have read, understood and agree to the Child Protection & Vulnerable Adults Policy (OP1.5), under which Edmund Rice Camps operates.		
Date:		Referrer Name	
Referrer Signature:			
Financial Information – Where to send the invoice:			
Organisation Name:		Organisation ABN:	
Organisation PO No (if required):			
Organisation Address:		Post Code:	
Contact Name:			
Telephone:		Email:	

Parent/Guardian's statement of consent:

Please read and sign the below for all referrals, new and returning.

Please read the following information and provide your signature to consent for this child's involvement in Edmund Rice programs.

I parent/guardian of (child/young person's name), give permission for him/her/they to engage and participate in Edmund Rice Camps. I acknowledge that the supervisors will take every care at the camp and have undergone training in caring for children. I accept that the staff and volunteers will not incur liability for any accidental injury sustained by my child.

I authorise Edmund Rice staff and volunteers 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, understood and agree to the above conditions and disclaimer relating to participation in Edmund Rice Camps programs and I give my permission for my child to take part in them.

Please read the following information select your preference for photos

We are seeking your permission to use photographs, video and/or audio footage of your child for the purposes of sharing the work of Edmund Rice Camps with the broader community, including possible funding partners. We **do not** include identifying information (such as name, age, living arrangements) with images of any children or volunteers. If permission is granted you will be authorising Edmund Rice Camps to:

- take and use any photographs, video or sound recordings of the child either in full or part and use them in any Edmund Rice Camps authorised publication
- display images on office premises and distributed to other children, their families and volunteers/staff.
- Use any photographs, video or sound recordings of the child in publications, which may include publication on our websites, social media sites and apps (pertains to those over 18 years only).

Other publications may include annual reports, or impact reports produced by Edmund Rice Camps and/or any funding partners.

You should be aware that when information is published on public websites and social media channels, it can be discoverable for several years, if not permanently. Published information can also be linked by third parties.

I have read and understood the above and (tick the appropriate box)

I do give permission for this child's photo, video and audio to be recorded and used.

I do not give permission for this child's photo, video and audio to be recorded and used.

Signature of Parent/Guardian or Referrer:

Your Name:

Date:

Extra Information:

Edmund Rice Camps provide opportunities for children, young people and families to build resilience, enabling them to thrive, belong and contribute to their communities. We have a vision for a world where all children, despite their circumstances and upbringing, can have access to fun recreational opportunities, which also provide them with the social connections and personal development to support them to contribute to society.

Edmund Rice Camps is a non-profit organisation that trades under Edmund Rice Services Ltd. It is governed by the Edmund Rice Ministries Oceania (ERMO) Board. *Edmund Rice Camps* operates as a business unit, with an Advisory Board that supports the mission, strategy and operations of the organisation. **Please note:** **Governance statement will be different for independent entities.**

We are a child safe organisation and we have a zero tolerance of abuse.*

This referral form is for children who are **new** to Edmund Rice Camps. If you wish to refer a returning camper, please contact our friendly staff to request a copy of the child's file so you can provide any updates or changes.

Manager of Operations:	Brendan Webb	Executive Officer:	Andrew Blackett
Mobile:	0487 145 217	Mobile:	0409 345 950
Email:	bwebb@edmundrice.org	Email:	erctaseo@edmundrice.org

Referral Process:

STEP 1: You complete Stage 1 of the Referral (this form!):

STEP 2: The information provided in the referral is entered into our database and assessed by Edmund Rice Camps staff. It is assessed against the selection criteria, the specific needs of the child, and if these can be met by our team of young adult volunteers. You need to be aware that by completing this referral form, you are consenting for Edmund Rice Camps to collect and store the information provided on this child/ren / family. The information is stored in compliance with the Privacy Act 1988.

STEP 3: Invoice details are provided

STEP 4: The child/family is offered a place on camp, or a position on the waiting list.