

# 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).

In 2023, C.H.I.P.S.® is piloting a new program called the 'Life Gets Better'® **Adventure Day**'. During the day, the children will get to see that they are not alone in their troubles and 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 C.H.I.P.S.® uses are fully catered and have fantastic facilities.

The day will be 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.



## This Adventure Day is for Children in Grades 4 to 6

### Adventure Day Details

- When:** Saturday 28th October  
**Where:** Phillip Island Adventure Resort  
1775 Phillip Island Rd, Cowes  
**Drop Off:** Saturday 28th October @ Berwick Church of Christ  
432-446 Centre Rd, Berwick  
(We will be inside the second side entrance.)  
**Time:** 7.30am registration. 8.00am departure.  
**Pick Up:** Saturday 28th October @ 9.00pm @ Berwick Church of Christ  
(Pick up will be inside the second side entrance.)  
**Cost:** \$45 per child (or \$90 maximum for 2 or more children).

Forms are to be returned  
no later than  
**Thursday 12th October**  
(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 **9702 5528**  
or **0435 024 477**  
(043 50 CHIPS)

### What You Need To Bring:

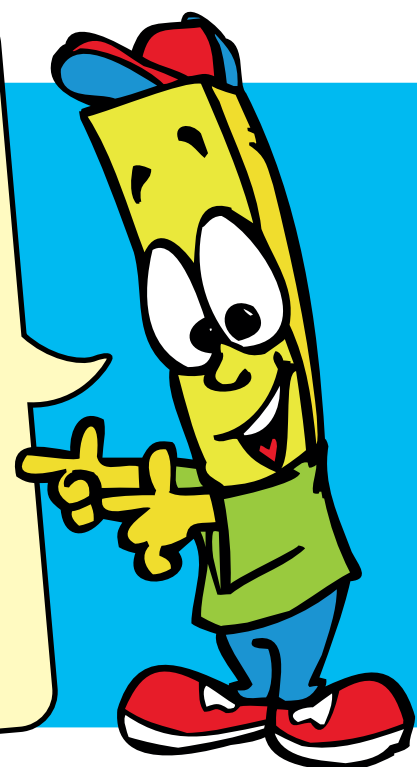
As you know Melbourne's weather can vary, so a variety of clothes (for warm & cold weather) will be needed. Please ensure all items are named.

#### You will need:

- ✓ A Small Backpack
- ✓ Comfortable Clothing
- ✓ Hat (to keep the sun off)
- ✓ Runners/Boots
- ✓ Medication (which you've listed on page 4)
- ✓ A Smile!

#### What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Alcohol / Non-prescription drugs
- ✗ Mobile Phones



**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 your child to the Adventure Day
- 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> Adventure Day.

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 4 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 the day.

**Please note: This is an application only** as children are accepted on a needs basis and availability of volunteers. You will be informed of the outcome via sms and email by **Monday 16th October**, so it is necessary to get your forms in as early as possible.

### Camper Details

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

**Date of Birth:** ..... / ..... / ..... **Grade:** .....  Male  Female  ..... (fill in blank)

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

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

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

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

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

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

**Mobile:** (.....)..... **Email:** .....

**Emergency Contact Name** (whilst on the Adventure Day): .....

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

**Your child was referred to the Adventure Day by:** **Name:** .....

School Wellbeing Worker  Welfare Agency  Chaplain

Other (please specify): ..... **Phone Number:** .....

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

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

**Please explain family circumstances that make the Adventure Day especially important for your 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

<b>Foster Placement</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Sexual Acting Out</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Anxiety Disorder</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Hyperactive</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Aggressive</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Stealing</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Soiling</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Tantrums</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Biting</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Lying</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Runs Away</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<b>Withdrawn</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
<b>Eating Disorder</b>	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> 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 the day. If your child is currently taking medication, please register it with the nurse at registration. It must be in the original container with the pharmacy label on it. Our nurse will administer the medication, when needed. NO medication can be kept in your child's bag during the day.**

**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.<sup>®</sup> leaders or designated helpers will:

- Advise the emergency contact listed on page 3.
- 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.<sup>®</sup> and its leaders will take all reasonable care to secure the safety of my child, I understand that neither C.H.I.P.S.<sup>®</sup>, 'Life Gets Better'<sup>®</sup> leaders, nor designated helpers, will be held responsible for any injuries incurred by my child, as a result of the day's activities. C.H.I.P.S.<sup>®</sup> and 'Life Gets Better'<sup>®</sup> 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'<sup>®</sup> Adventure Day, and that all C.H.I.P.S.<sup>®</sup> staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the day; which includes travel to and returning from the campsite. I consent to C.H.I.P.S.<sup>®</sup> 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'<sup>®</sup> Adventure Day, and in accordance with C.H.I.P.S.<sup>®</sup> Privacy Policy.**

**Regarding photography at the Adventure Day** (please tick which is relevant):

- I AGREE** to C.H.I.P.S.<sup>®</sup> using any photos or videos taken of my child on the 'Life Gets Better'<sup>®</sup> Adventure Day' for promotional purposes.
- I DO NOT AGREE** to C.H.I.P.S.<sup>®</sup> using any photos or videos taken of my child on the 'Life Gets Better'<sup>®</sup> Adventure Day' 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:** .....

**The information on this form will be held by the C.H.I.P.S.<sup>®</sup> leaders. This information may be disclosed to private medical or paramedical staff or other relevant officers, in the event of an accident or emergency.**

**Cost: \$45 per child** (\$90 maximum for 2 or more children).

**Payment is not required until you receive confirmation from C.H.I.P.S.<sup>®</sup>**

**Who will be paying this account?** (please tick)  Parent/Guardian  Agency  School

**Upon confirmation of a place on the Adventure Day**, payment will be required **in full** when registering on Saturday morning **OR** may be paid directly into the C.H.I.P.S.<sup>®</sup> bank account by **Thursday 26th October**

**BANK: Bendigo Bank**

**BANK ACCOUNT NAME: Christians Helping in Primary Schools**

**BSB: 633 000**

**ACCOUNT No: 1300 51972**

**REF: Use your full name**



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changing little worlds in big ways

**Please complete and return to:**

**C.H.I.P.S.<sup>®</sup>**

**P.O Box 291**

**Narre Warren, Vic 3805**

**phone: (03) 9702 5528**

**mobile: 0435 024 477**

**email: enquiries@chips.org.au**

**www.chips.org.au**