

2024 Variety NT Adventure Camp - Camper application

Form Preview

Camper Application

Background Information

Variety - the Children's Charity NT would like to invite teenagers to participate in the 2024 Variety NT Adventure Camp. The camp will be held from **Saturday 29 June to Saturday 6 July 2024** at the Goanna Park Junior Police Rangers Youth Facility, 90km east of Darwin on the Arnhem Highway. Each year, Variety NT runs the Adventure Camp for teenagers who have a mild to moderate disability. As part of the adventure experience, campers and carers/volunteers sleep outside in large screened tents and participate in various activities such as abseiling, flying fox, water sports, craft & talent shows.

The Adventure Camp program is designed to assist participants:

- gain self-esteem and confidence
- challenge their comfort zones
- develop life skills
- promote friendships with other participants with whom they can empathise.
- experience social interaction on visits to attractions.

Safety is paramount and every care is taken to ensure that participants have an enjoyable and safe camp. Qualified instructors, experienced carers and on site medical support are on-board to oversee all operations. St John Ambulance (NT) is always on call.

Unfortunately, due to the nature of the camps activities and the terrain at Goanna Park, we regretfully are unable to cater for wheelchairs or other mobility equipment.

Camper Guidelines

The Camp is organised for teenagers aged between 13-18 years (as at date of camp) who have a mild to moderate disability.

Due to the activities, and to ensure enjoyment by all participants, it is requested that campers have a level of communication that allows comprehension of basic instructions. An average level of gross motor skills is required

Basic Skills required:

- Have the ability to walk unaided
- Be independent in lifestyle and personal skills, such as hygiene and toileting

Due to the nature of the camp, teens with behavioural issues may need one on one supervision for their safety and the safety of others. Please notify Variety NT upon application if direct support is required. This is very important.

Parents/Guardians are not expected to accompany their child on the camp. From past experience, the teenagers attending Camp show much greater personal development and independence in a new environment away from their usual routines, confines or familiar faces. However, applications from parents/guardians with genuine and compelling reasons to attend will be assessed.

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All activities are voluntary. There is one or more swimming activity so we do recommend that campers can swim, however, alternative programs can be organised if advised in advance.

The final decision about the child's suitability to attend camp will be at the discretion of Variety NT Camp Committee.

Should you require more information please contact the Variety NT office on 08 8981 2544 or community@varietynt.org.au

Applications close on 30 April 2024. Please note this camp is very popular so it is recommended to get your application in early for assessment.

Application Details

* indicates a required field

Please note that priority will be given to children who have not previously attended camp. Should vacancies still exist, applications from children who have previously attended camp will be assessed.

Personal Details

Application submitted by *

Title

First Name

Last Name

Application Type

Camper

Phone Number *

Email *

Relationship to Child *

- ☐ Parent
- ☐ Guardian
- ☐ Foster Carer
- ☐ Grandparent

Child's Name *

Child's Date of Birth *

Child's Gender *

- ☐ Female
- ☐ Male

Address *

Address

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Suburb State Postcode

Must be an Australian post code

Postal Address (if different from above)

Please upload a passport style photo of the camper *

Attach a file:

Emergency Contact

Primary Contact Name *

Relationship to Applicant

Mobile Telephone *

A/H Telephone *

Email

Secondary Contact Name *

Relationship to Applicant

Mobile Telephone *

A/H Telephone *

Email

Camp Information

Saturday 29 June - 06 July 2024

Has your child attended Adventure Camp in the past? *

- ☐ Yes
☐ No

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Medical Details

Instructions for prescribed drugs must be provided and signed by your doctor. Please ensure your child's immunisation schedule is up to date.

Child's diagnosis, special need or medical condition *

Medications (include Vitamins if taken regularly) *

If nil medication taken, please write nil

Drug and Environmental Allergies *

EG: Bee stings

Doctor's letter detailing medication requirements and other needs ie behavioural *

Attach a file:

Caring For Your Child At Camp

Variety NT will designate a carer to campers on their arrival. All of our carers have worked with children with special needs. Each carer will be responsible for 2 children where possible and appropriate.

Has your child ever travelled or attended a camp independently prior to this camp? *

- ☐ Yes
☐ No

Please indicate which of the following areas your child is independent in: *

- ☐ Toileting
☐ Showering
☐ Personal care (brushing teeth/hair)
☐ Getting dressed
☐ None of the above (requires assistance)

If you selected 'requires assistance' please specify what is required:

Does anything make your child upset or afraid? *

- ☐ Yes
☐ No

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If yes, please specify what the triggers are

Does your child have any specific behavioural issues? *

How can we help your child manage these behaviours?

Please tell us about your child's interests and hobbies *

Please select if your child has any sleep related issues

- ☐ Insomnia
- ☐ Night terrors
- ☐ Bed wetting
- ☐ Sleep apnea

Is there anything else you would like to tell us to best support your child while they are on Camp?

Please specify if your child has any food requirements *

Food allergies *

- ☐ Non life threatening
- ☐ Severe or life threatening allergies

Please list the allergen and describe the allergic reaction

Are there any DRINKS your child must avoid?

Parent/Guardian Declaration

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I (type name below) as the parent/guardian of this applicant, residing at the address listed on this application form declare that the information provided is accurate to the best of my knowledge.

Full Name Parent/Legal Guardian *

Signature Parent/Legal Guardian *

Date