

2026 Variety Motor Mouth Camp Family Application Form Preview

Overview

* indicates a required field

Variety Motor Mouth Camp

Applications close Friday 26th June 2026

Variety will be holding its Motor Mouth Camp again in 2026.

It will run from the afternoon of **Friday 9th October** until lunchtime on **Sunday 11th October, 2026** at the Lea Scout Centre/Hobart Bush Cabins in Hobart.

The camp is for children aged **6 - 18 years of age** who use **Augmentative and Alternative Communication (AAC)** systems and their families.

If your application is successful, our Camp Coordinator will call you to discuss your individual circumstances in more detail.

For more information on the camp and to see if your family is eligible to attend, please click [here](#).

If you require assistance with your application please contact our Variety Tasmania Team on 03 6248 4888 or via email: info@varietytas.org.au

Applicant

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you read the Motor Mouth Camp Guidelines?

- Yes
 No

*

Contact Details

* indicates a required field

Child's Details

This form is to be completed by a parent or guardian of the child who uses AAC.

Child's Name *

First Name	Last Name
<input type="text"/>	<input type="text"/>

Child's Age (as of 3rd October 2026) *

Must be a number

School child attends *

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Child's diagnosis/diagnoses *

Please tell us a little bit about how your child communicates.

Does your child use a communication system/talker (AAC system)? *

- iPad with Proloquo2Go app
- iPad with LAMP app
- iPad with TD snap
- PODD Book
- iPad with other AAC app
- Specialised AAC system (Please specify name)
- Other:

How long has your child been using their AAC system? *

How would you rate your child's use of their AAC system *

- Beginner
- Intermediate
- Advanced

Where does your child use the AAC system? (tick more than one if applicable) *

- Home
- School
- Respite
- Therapy
- Other

How often is the device currently being used?

- Rarely
- Sometimes
- Often
- All the time

Motor Mouth Camp is about supporting families to use AAC. If the device is not being as used as often as you'd like, we're here to help - no judgement!

How does your child use their system *

- Watching Others
- Finger Point/Touch
- Eye Gaze
- Switch (Hand)
- Switch (Head)

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Other

How confident are you/your family in supporting your child with their device? *

- Beginner
- Intermediate
- Advanced

What other equipment (if any) does your child use? *

- Wheelchair
- Walker
- Hoist
- Shower Chair
- Commode
- Bed Rails
- Other
- None

Please specify if selected Other in the previous question.

Please note that you will need to bring your child's personal care equipment with you to camp where possible

Do you need support transporting yourself and/or any equipment to/from camp? If yes please provide us with information *

If you are travelling to the Camp from the North or North West and you need additional support towards the cost of fuel, please tick the box below.

Yes

Please note, this is an overnight camp. If this would be difficult for your family there is the option to just attend for the day sessions. If this would be a better option for your family, please tick the box below: *

- Overnight Camp
- Attend day sessions (not staying overnight)

Child information

How would you describe your child? *

What activities does your child enjoy? *

What would you like your child to learn/gain from camp? *

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Camp will be busy and a noisy environment at times. How do you think your child will feel in this setting? *

What type of activities can be over stimulating for your child? *

How can we do to help your child to stay regulated? What strategies do you find helpful? *

Your child will be spending time with volunteers who might be unfamiliar to them. Is there anything you would like them to know about your child?

I give permission for Variety to obtain the following documents (if applicable) from my child's school:

Individual education plan (IEP)/Learning Plan *

- Yes
- No
- Not applicable

Behaviour support plan *

- Yes
- No
- Not applicable

Meal management plan *

- Yes
- No
- Not applicable

Medical action plan *

- Yes
- No
- Not applicable

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Epilepsy management plan *

- Yes
- No
- Not applicable

Manual handling plan *

- Yes
- No
- Not applicable

Family Details

Parent or Guardian 1 *

First Name

Last Name

Suburb

Relationship to Child *

Parent or Guardian 2

First Name

Last Name

Relationship to Child

Mobile Phone Number *

Please use the following format 0400 000 000

Email *

Please provide an email address as most camp correspondence will be via email

Family information

What would you as a parent / carer like to learn/gain from your family attending camp? *

How many family members will be attending camp? Please note, there is limited availability in the cabins.

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Must be a number.

Family information - camp attendees (please put your child who uses AAC user in first row)

Please list ALL the family members that WILL be attending camp. All kids (AAC User and their siblings) will be given a Motor Mouth Camp T-shirt to wear and take home.

For tshirt sizing please click [here](#)

Name	Age	Relationship to child	Dietary requirements	Allergies	Medical conditions	T-Shirt Size (kids only)
		Parent / Carer / Brother / sister				

Medical conditions:

If any attendees have conditions that require an Action Plan, please attach here:

Attach a file:

Please attached if relevant

Emergency Contact

This contact must not be attending camp.

Contact name *

Relationship *

relationship to child/AAC user

Contact number *

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Therapy Details

* indicates a required field

Supporting Speech Pathologist

We need information from your child's speech pathologist to support your application.

If you would like us to contact your child's speech pathologist, please put their name & contact details below.

Otherwise, please download the Speech Pathologist Referral form and give to your speech pathologist to complete and send to Variety Tasmania by Friday 27th June 2025 - Emails to be sent to info@varietytas.org.au

Name *

First Name

Last Name

Position

Organisation

Organisation Name

Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Speech Pathologist referral form

Please submit the following form by 27th June, so it can be paired with your application.

Download [HERE](#).

Upload SP form

Attach a file:

Camp Support Team

If any other members of your child's team (teacher / teacher assistant / speech pathologist / occupational therapist/ support worker) may be interested in attending camp, please refer

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them to our website [Variety Motor Mouth Camp - Variety Tasmania](#) to submit a volunteer application.

Information

* indicates a required field

Please indicate your preferred contact method below. If your application is successful, our Camp Coordinator will contact you prior to camp. *

email

phone

Camp Liability Waiver

* indicates a required field

1. The Variety Motor Mouth Camp (“the Camp”) offers a wonderful experience to its participants, and teaches them a great deal about themselves and the world around them. Our purpose in this document is not to cause you undue concern, but to point out that there are inevitable risks connected with the fun, excitement, and adventure of a camp experience but the **risks associated with involvement must be taken by you.**

2. By signing this Waiver on behalf of the children (“the Children”) referred to in the attached form of application (“the Application”) and yourself, you waive any and all claims for damages for death, personal injury, loss or property damage which the Children and you may have or which may hereafter accrue to the Children or you against the Camp, its organisers, its officers, directors, employees, agents, independent contractors and other representatives (hereinafter referred to jointly and severally as “The Variety Motor Mouth Camp”) associated or connected with the Camp as a result of or connected with participation by the Children and you in the Camp, and without limiting the forgoing:

whether related to the nature, type or condition of the events involved, and/or

with respect to the condition of the sites involved, and/or

with respect to the supervision provided and/or

with respect to the activities performed, and

whether or not caused by the negligence (active or passive) of The Variety Motor Mouth Camp.

By signing this document, you further acknowledge that you agree to assume and bear sole responsibility for these dangers and risks to the Children and you and to ABSOLVE INDEMNIFY AND HOLD HARMLESS The Variety Motor Mouth Camp from any harm and all risks of any nature and kind associated or arising in connection with the Camp or its activities affecting the Children and/or you.

This Waiver is signed in order for the Children and you to participate in the Camp activity for the personal enjoyment and benefit of the Children and is done so freely with full knowledge of the risk and dangers inherent in activities of the type likely to be conducted by the Camp.

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3. You also agree to INDEMNIFY AND HOLD HARMLESS The Variety Motor Mouth Camp from any and all expenses, demands, claims, costs, losses and damages of any nature or kind directly or indirectly arising from or related to your child, you and your family's participation.

4. It is also acknowledged, understood and agreed that The Variety Motor Mouth Camp has made no promise or pledge, express or implied, to provide any special facilities or services to those with any medical problems, health problems, or physical disabilities, including but not limited to accommodation or special diets, other than as expressly set forth in the Application and which The Variety Motor Mouth Camp, in its sole discretion, predetermines it can reasonably provide based solely upon the information and the history of a participant provided in the Application, and the inherent limitations of the Camp staff and facilities.

5. By signing this document you acknowledge and agree as follows:

(i) The waiver contained herein shall be binding upon the successors and assigns of the parties

(ii) You have read, understood and agree to the terms of this document, including the waiver and indemnity contained herein.

(ii) The Application and the contents of this document contain the entire understanding and agreement of the parties on the subjects referred to therein and may not be varied or modified in any way without the express written agreement of the parties nor can any such variation or modification be inferred from the conduct of any member of The Variety Motor Mouth Camp including any admission or failure or partial failure of The Variety Motor Mouth Camp to insist upon its rights hereunder;

(iii) The party executing the Application and this document acknowledges that he, she or they are the parent, parents or legal guardians of the Children for whom participation is being requested in the Camp;

(iv) In this document unless the context does not admit, words importing the singular shall include the plural and vice versa;

(v) You have lawful authority and competence to enter into the Application and to provide the waivers and indemnities set out in this document;

(vi) In the event of any inconsistency or ambiguity between the terms of the Application on the one hand and the terms of this document, the terms of the latter shall prevail;

(vii) In the event of any inconsistency or ambiguity between any representation, correspondence or other statement or communication of The Variety Motor Mouth Camp of any kind on the one hand and the terms of this document on the other, the latter shall prevail; and

(viii) This document shall be read so as not to exclude the operation of any relevant provision of the Trade Practices Act 1974 (Commonwealth) or of any similar State legislation in any such case where the terms of such provision may not be excluded by the stated intention of the parties but save where such provision applies all liability of any kind in connection with or arising as a result of the Camp affecting the Children and/or you on the one hand and The Variety Motor Mouth Camp on the other is expressly excluded.

I have carefully read the above document and the Application in the form attached and understand and accept all of the terms applicable to participation in the Camp. *

Yes

Name *

First Name

Last Name

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Today's date *

Consent Details

* indicates a required field

Consent

Please note that your answers have no bearing on the outcome of your application.

I/We give consent for our family to be photographed or filmed during Variety Motor Mouth Camp and the content used for Variety Tasmania promotional purposes.

- Yes
 No

I would like to join Variety's mailing list, to hear how else Variety supports kids and their families.

- Yes
 No

Referral

How did you hear about Variety Motor Mouth Camp? *

Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your child's health) will be used to assess your eligibility. If you do not provide the requested information, we may be unable to confirm your eligibility.

Your personal information may be provided to organisations that assist us including overseas organisations in the United States of America and elsewhere [NB: see above comment], or as required or authorised by the Privacy Act 1988 (as amended). We will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify or correct information held about you, please contact Variety TAS on 03 6248 4888 or kidssupport@varietytas.org.au. Further information including how you can complain about a breach of the Australian Privacy Principles can be found in our Privacy Policy available at www.variety.org.au/privacy.

As Parent or Guardian, I consent to Variety collecting the information provided on this form.

I have read and agree to Variety's guidelines. *

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Yes

Today's date *

Must be a date

If you need any assistance to complete this application please contact Julia Shea on 03 6248 4888 or email info@varietytas.org.au.

Applications close on 30th June 2026