



Ooralta Aboriginal & Torres Strait Islander 2019 Youth Leadership Camp Application

Please indicate which camp you are interested in attending:

(✓)	Youth Leadership Camp	When	Closing date for applications
	KIMIKA URALA Senior Girls (Yrs 11-12)	May 22-24	Monday 22 April
	Senior Boys (Yrs 11-12)	June 26-28	Monday 27 May
	Junior Boys (Yrs 8-10)	Sept 18-20	Monday 19 Aug
	KIMIKA URALA Junior Girls (Yrs 8-10)	Oct 30-Nov1	Monday 30 September

STEP 1 . . . Please complete the orange section with your details

Student's details

Name Date of birth

Home address

Email

Phone/Mobile

School..... Year.....

Have you previously attended a camp or experience day at Ooralta? Yes No

A camp polo shirt and singlet will be given to all participants. Please circle your size:
XS S M L XL XXL XXXL XXXXL

Student Photo

Student declaration

I am of Aboriginal or Torres Strait Islander descent. I have discussed my application with my parents/guardians. I declare that to the best of my knowledge the information on this form is correct and complete.

Signature Date

To help us get to know you

Please state (up to 50 words) why you would like to attend this camp and what qualities you have that will enhance the experience for other participants.

.....

.....

.....

Community and leadership activity

Please provide brief details of any sporting, community or leadership activities you currently participate in or would like to undertake.

.....

.....

.....

Your future study plans

Have you thought about further study at university/TAFE/Australian Defence Force when you finish school?

Yes No If "Yes", what courses are you thinking about doing and where?

.....
.....

Career aspirations

Do you have any careers in mind when you finish school? Yes No

If "Yes", give details:

.....

Your role model

We ask each camp participant to nominate a role model (such as a parent, relative or friend who is over 18 years of age). This person is invited to attend the camp closing dinner at no cost. The dress code for the dinner is smart casual.

My role model is:Their phone number:.....

Their address:

Their email:

The reason I have chosen this person is:

.....

.....

Will they be coming to the dinner? Yes No

Will they need accommodation in Armidale for the evening of the dinner? Yes No

Student code of conduct

To promote a productive and enjoyable experience for all camp participants, I agree to:

- Respect other students, supervising staff, community members and property
- Follow the directions of staff
- Resolve conflict respectfully, calmly and fairly
- Not act in a violent manor or bring weapons, illegal drugs or alcohol
- Not smoke or bring tobacco
- Not bully, harass, intimidate or discriminate against other participants or staff.

Signature

Date.....

For further information contact:
Lynda Lynch
 Schools and Community Engagement
 Programs Coordinator
 M. 0413 084 567
 P. (02) 6773 4318
 E. ooralacamps@une.edu.au



STEP 2 . . . Please get your parent or guardian to complete the green section

Parent/Guardian approval

Name: Phone/Mobile:

Email:

My relationship: i.e. parent, guardian, other. Please specify:

I give my permission for to attend the Ooralá Youth Leadership Camp.

Will you attend the Friday night dinner at the end of the camp? Yes No. If so, how many people?

Medical information

Your child's Medicare number: Position on card:.....

Does your child have any food or other allergies? Yes No

If Yes, what is your child allergic to?.....

If Yes, does it cause an anaphylactic reaction? Yes No

Does your child take any medication which they need help with? Yes No

If "Yes", please give details and the dosage rates/times

I give my permission for Ooralá staff or a teacher to give this medication to my child. Yes No

Does your child have any other conditions or special requirements that we should know about? Yes No

If "Yes", please give details:

Photos, video and sport activities

Please indicate Yes or No to the following three statements:

Yes No I approve that any video footage, audio recordings, photographic images and testimonial statements of my child, taken during this camp, are for the free and unrestricted use by the University of New England for marketing, web and media activities for a period of five years.

Yes No I give permission for UNE/Ooralá staff to contact my child after the camp regarding future opportunities.

Yes No Waiver to use SportUNE and PCYC Armidale gyms. I hereby acknowledge and agree that:

Risk acknowledgment and warranty
Physical activity could be dangerous and could result in injury or death. I warrant that my child is medically and physically fit to proceed with exercise. I declare that I have voluntarily read and understood this Warning, Exclusion of Liability and Release and Indemnity and accept and assume the inherent risk of injury to my child in participating in pool use, weight training or the use of electronic 'cardio' training equipment in the SportUNE and PCYC Armidale Gyms or any other facility use at SportUNE and PCYC Armidale. I voluntarily assume all the risks involved in attending SportUNE and PCYC Armidale, whether or not described in this document.

Release and indemnity
In consideration of the University of New England (UNE) permitting my child to use SportUNE and PCYC Armidale facilities without undertaking an accreditation, I:

1. Release and forever discharge UNE and its management, staff, representatives, officers and volunteers from all actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses, however arising that I may have or may have had but for this release arising from or in connection with my child's involvement in training in the SportUNE and PCYC Armidale Gyms or other SportUNE and PCYC Armidale facilities; and
2. Indemnify UNE and its management, staff, representatives, officers and volunteers to the full extent permitted under the *Competition and Consumer Act 2010* (Cth) or otherwise by law in respect of any actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses, as a result of or in connection with my child's involvement in training or using facilities at SportUNE and PCYC Armidale whether caused or contributed to, directly or indirectly, by any act of negligence to the fullest extent permitted by law (other than gross negligence), breach of duty, default and/or omission on the part of UNE.
3. Agree to abide by SportUNE's and PCYC Armidale's rules, policies and procedures when using SportUNE and PCYC Armidale facilities.

*If applicable, and to the extent permissible under law, any acknowledgment, representation, warranty, obligation, undertaking, release or indemnity given by a parent or guardian in connection with this form is deemed to also be given by any person on whose behalf the parent or guardian is acting.

Parent/guardian signature..... Date

STEP 3 . . . Please get your school to complete the blue section

Endorsement by your School

Recommendation by your Principal/Year Advisor/Careers Advisor to attend the camp

Staff member's name: Phone contact:

Position: Principal / Year Advisor / Careers Advisor [circle one option]

..... (name of student) currently attends

..... (name of school) in year

I recommend that this student attend the Ooralá Youth Leadership Camp because:

.....
.....

Signature:..... Date:.....

School supervisor details

Will there be a staff member attending the camp with this student? Yes No

If "Yes", please provide their details.

Name: Position:

Email: Mobile:

Do they have a Working With Children Check? Yes No

WWCC#/App# Expiry date: Date of birth:.....

- **STEP 4 . . .** When **ALL SECTIONS** of the form are completed submit your application by asking your AEO, Careers Advisor or Year Advisor to email a scanned copy to **ooralacamps@une.edu.au**

For further information contact:

Lynda Lynch

Schools and Community Engagement Programs Coordinator

M. 0413 084 567

P. (02) 6773 4318

E. ooralacamps@une.edu.au

Privacy

The personal information provided on this form will be used by Ooralá Aboriginal Centre, UNE to assist planning, to support students and to minimise risks in association with Indigenous Youth Program activities. The collection, management, correction and protection of this information is done in accordance with UNE Policy and the relevant state and Commonwealth legislation, those being the *Privacy and Personal Information Protection Act 1998 (NSW)*; *Health Records and Information Privacy Act 2002 (NSW)*.