

**2019 School of Rural Medicine Kruki Indigenous Summer School Application form.**

<b>Kruki Indigenous Summer School dates</b>	<b>Applications close</b>
Monday 28 October – Friday 1 November 2019	Monday 30 <sup>th</sup> September 2019

Name: ..... Date of Birth: .....

Home address: .....

Email: .....

Mobile: .....

School: .....

If you are accepted to attend Kruki we will give you a Kruki 2019 shirt. What size are you?

XS    S    M    L    XL    XXL    XXXL    XXXXL

What size shirt for your parent/guardian?

XS    S    M    L    XL    XXL    XXXL    XXXXL

I identify as an 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 .....

**Tell us why you would like to attend Kruki? (No more than 100 words)**

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**As a young Indigenous person, what do you think can be done to improve the health of Indigenous communities (No more than 200 words)**

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**Please tell us what academic, sporting or community activities you do, or would like to do in the future. (No more than 200 words)**

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**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 manner or bring weapons, illegal drugs or alcohol
- Not smoke or bring tobacco
- Not bully, harass, intimidate or discriminate against other participants or staff
- To abide by UNE’s rules, policies and procedures

Signature ..... Date.....

**Parent/Guardian approval**

Name: .....

Phone/Mobile: .....

Email: .....

Relationship to student, please circle one: parent guardian other.

I give my permission for ..... to attend the Kruki Summer School.

## Emergency Contact Details

### Emergency Contact 1

Name: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

## 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 Kruki/School of Rural Medicine 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: .....

.....

.....

I declare that the child is medically and physically fit to proceed with activities associated with the Kruki Summer School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Photo, video and future contact release permission

Please indicate by circling Yes or No to the following 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/School of Rural Medicine staff to contact my child after the Kruki Summer School regarding future opportunities and career progression.

Child's Name: .....

Parent's/Guardian's Name.....

Phone Number: .....Email Contact:.....

Parent/Guardian Signature:

Date:

This signed permission remains effective until I advise the School of Rural Medicine or the University of New England otherwise.

## Acknowledgements

I acknowledge that:

1. I am a Parent or Guardian of the Child.
2. The Child's participation in the Kruki Summer School is voluntary.
3. I recognize there is inherent risk of injury and that the child may be injured whilst attending the Kruki Summer School.
4. The Child's personal property may be lost, damaged or destroyed whilst they are attending the Kruki Summer School.
5. I have disclosed any pre-existing medical or other condition of the Child.
6. The University of New England relies on the information provided by the Child and me. All information I have provided in this form or otherwise in relation to the Child is to the best of my knowledge, true, accurate and complete.
7. I have not relied upon any advice, representations or inducement by or on behalf of Kruki Summer School in deciding to allow the Minor to participate in the Summer School and to sign this document.

## Assumption of Risk

Notwithstanding the inherent risk of injury to the Child of participating in the Kruki Summer School, I agree to the Child participating in the camp at his/her own risk.

## **Risk acknowledgment and warranty**

I warrant that my child is medically and physically fit to proceed with activities associated with the Kruki Summer School. 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. I voluntarily assume all the risks involved in attending Kruki Summer School whether or not described in this document.

## **Release and indemnity**

In consideration of the University of New England (**UNE**) permitting my child to use School of Rural Medicine 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 at the Kruki Summer School; 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 the Kruki Summer School, 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.

## **Miscellaneous**

1. If the Child suffers any injury or illness I agree that the University of New England may provide or arrange evacuation, first aid and medical treatment at my expense.
2. The Child and I agree to comply with all rules and directions made or given by and on behalf of the Rural School of Medicine in connection with the Kruki Summer School. I understand that if the Child fails to comply with the rules and/or directions of the Rural School of Medicine the Child may be injured or injure someone else and that in such circumstances the Child will not be permitted to continue the Activity and no refund will be given.
3. I agree to abide by University of New England's Rules, Policies and Procedures.

\* 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.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM.

I FULLY UNDERSTAND ITS TERMS AND THAT THE MINOR AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 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 an option)

..... (name of student)

currently attends..... (name of school)

in year .....

I recommend that this student attend the Kruki Indigenous Summer School because:

.....

.....

This student has been cleared to attend, all paperwork undertaken so that this student will not be recorded as absent for the duration of the Kruki Summer School 28<sup>th</sup> October – 1<sup>st</sup> November, 2019.

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

### School supervisor/guardian details if applicable

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: .....

For further information contact:

**Kua Swan**

Kruki Support Assistant

School of Rural Medicine

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**Lisa Shipley 0487 701 244**

Aboriginal Academic

School of Rural Medicine

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#### Privacy

The personal information provided on this form will be used by the School of Rural Medicine, UNE to assist planning, to support students and to minimise risks in association with The Kruki Indigenous summer School. 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)*.