



# Edmund Rice Camps for Kids WA.

## Participant Recommendation Form

This recommendation must be completed by a non-relative who holds a position of responsibility or professional qualification. It is expected that this person knows the applicant well enough to comment on their suitability for a camp. Examples would include a caseworker, social worker, teacher, principal, priest or minister etc. All questions are to be answered or discussed with Kellie Pickford on the following contact number.

Please complete this form and return it to:

**Kellie Pickford**

**Edmund Rice Camps WA**

**PO Box 1129**

**Bentley Delivery Centre WA 6983**

**Ph: 9365 2817 Fax: 9365 2814**

**Mbl: 0438 118 504 Email: [KMPickford@edmundrice.org](mailto:KMPickford@edmundrice.org)**



The purpose of you seeking & signing the following information is to ensure as far as practicable, that the safety of the referred participant, as well as the other camp participants and the staff is not compromised by accepting a camp participant who might demonstrate behaviour that is inappropriate and beyond the ordinary capacity of the camp.

### Details of Applicant

Referrer's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Referrer's Email: \_\_\_\_\_ After hours No: \_\_\_\_\_

Agency/Relationship of Referrer: \_\_\_\_\_

Referral agency Address: \_\_\_\_\_ P/C \_\_\_\_\_

Name (participant): \_\_\_\_\_ Male Female (circle)

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Status: Non-ward / Ward DCP ID No: \_\_\_\_\_

Please circle if the child is - Aboriginal / Torres Strait Islander or

Immigrated to Australia as part of a refugee program.

Parents/Guardian **Mother:** \_\_\_\_\_ Contact No: \_\_\_\_\_

Alternate No: \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_

**Father:** \_\_\_\_\_ Contact No: \_\_\_\_\_

Alternate No: \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_

(Please note all further correspondence (camps forms etc) is sent through to the child's carer- referral agents will need to liaise with the carer if they need to sign forms etc)

**CHILD'S DETAILS**

Your reasons for referring the child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reason to believe the family participate in holidays together? Yes or No  
(circle)  
If 'Yes' please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reason to believe that the child participates in other holiday camps?  
Yes or No If 'Yes' please explain when and with what organisation. \_\_\_\_\_  
(circle)  
\_\_\_\_\_  
\_\_\_\_\_

What family pressures impact on the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reason to believe that the child has exhibited physical violence/sexualised  
behaviour toward others? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)  
\_\_\_\_\_  
\_\_\_\_\_

How well does the child associate with his/her peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reason to believe that the child is 'bullied by other children or within the  
family? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any reason to believe there is any indication that the child has attempted to self harm? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)

Do you have reason to believe that the child is likely to place the staff or other children at risk in any way? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)

Do you have reason to believe that the child has any disabilities (physical, intellectual, psychiatric/mental health)? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)

Do you have reason to believe that the child has a history of, or there are current substance abuse issues with the child? Yes or No If 'Yes' please explain. \_\_\_\_\_  
(circle)

*Please read and sign the following information relating to the placement of the child on an Edmund Rice Camp program. In signing, you accept the following conditions and there is a belief on the referee's part that the child seeking placement is suited for placement on an Edmund Rice Camp, playing and living with other children of similar age in a safe, fun environment.*

- 1 *Other than two salaried staff members, Edmund Rice Camps are staffed entirely by volunteers, largely aged between 17 & 21 years. While some volunteers in the camp management team hold or are progressing towards professional qualifications, the majority of ERC volunteers hold no formal qualifications.*
- 2 *All information relating to how the child may interact with the young adult volunteers and other children in a residential environment **must** be included in this recommendation form.*
- 3 *Transport of a child to and from the pick-up and drop-off points is **not** the responsibility of ERC.*
- 4 *The referee's contact details (work & a/h) are to be included in this recommendation form. Note the numbers must be relevant to the time the child is attending camp.*
- 5 *Should the child need to be sent home due to illness or inappropriate behaviour, it is the referee's responsibility (if parents/guardians can't) to provide transport.*
6. *ERC KWA uses images, photos and video, for promotional purposes (including, but not limited to, ERC and ERNetwork newsletters, brochures, forms and websites).*

*Please tick here if you **do not** give permission for photos of this child to be used for promotional purposes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*\*Please note that we ask for the referral fee to come with this application in the form of a Purchase order or Cheque, if you would like to pay an alternate way please contact the office.*

Is the \$150 referral agency/admin fee enclosed with this application? Yes or No (circle)

If 'No' please provide details: \_\_\_\_\_