



In collaboration with



## Application & Authorisation Form

**APPLICATIONS CLOSE 31<sup>ST</sup> MAY 2017**

Please send completed application forms to:  
**[info@headspacejoondalup.com.au](mailto:info@headspacejoondalup.com.au)**

Camp questions or queries to:

**[camp@zero2hero.com.au](mailto:camp@zero2hero.com.au)** or Kristy on 0404895449

**What:** Camp Hero is a program run by WA-based mental health charity; zero2hero. zero2hero offers a range of youth programs and initiatives with three main goals:

1. Eliminate stigma surrounding mental illness
2. Equip young people with the skills required to maintain positive mental health and wellbeing and,
3. Effectively manage mental health problems if these may arise

At Camp Hero participants will learn through tailored workshops and activities that develop young heroes to be the best version of themselves. During this 3-day program students will develop their self-awareness, practice self-care, create new friendships and challenge themselves by facing their fears. Please note that this is not a therapeutic camp. The focus of camp is on developing leadership skills to support your peers and community.

This Camp Hero is fully funded by The Independent Living Centre and is available to young people connected with Headspace Joondalup.

**Where:** Camp Hero will be held at **Ern Halliday Recreation Camp**, situated near the beach on Whitfords Avenue, Hillarys, approximately 1.5km north of the Hillarys Marina.

**When:** There will be 2 dates for you to choose from. You may attend **ONE** of the following:

- **Saturday 1<sup>st</sup> July – Monday 3<sup>rd</sup> July**
- **Wednesday 27<sup>th</sup> September – Friday 29<sup>th</sup> September**

**Cost:** Free. The Independent Living Centre of WA will be funding this Camp Hero program for young people residing within the northern catchment area.

**Safety:** We take student safety extremely seriously. All volunteers require current police and working with children checks. Risk and safety assessments are conducted prior to each activity. Speakers and volunteers will act in accordance with zero2hero's code of conduct at all times and under the supervision of the zero2hero management team. There will be qualified first aid and bronze medallion volunteers on-site for the duration of the camp.

## Application

*All information will remain confidential and only shared with Camp Hero, Headspace Joondalup and Independent Living Centre WA representatives.*

### Applicant details:

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size (S, M, L etc for Camp Hero T-Shirts): \_\_\_\_\_

Are any of your friends/siblings applying for this camp?    yes / no

If you answered yes please tell us who: \_\_\_\_\_

Have you been involved with any other zero2hero programs or events? If so which ones? \_\_\_\_\_

### Parent/Guardian details:

Title: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address:  Same as above. If not please provide: \_\_\_\_\_

Postal Address:  Same as above. If not please provide: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Preferred language: \_\_\_\_\_ Interpreter required: yes / no

\*\* The Independent Living Centre of WA are funding this Camp Hero to provide respite to the carers of young people engaged with the Headspace Joondalup service. In order to provide this funding they may be required to contact you to obtain further details of your caring role. Do you consent to this?    **yes / no**

Second emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate which Camp you would like to attend. Please be aware you may only attend **ONE** but you may choose which is more convenient for you.

Saturday 1<sup>st</sup> July – Monday 3<sup>rd</sup> July 2017

Wednesday 27<sup>th</sup> September – Friday 29<sup>th</sup> September 2017

If your chosen preference were full would you be able to attend the alternative date?    yes / no

**Tell us about YOU...**

50 words or less tell us who you are as a person: \_\_\_\_\_

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Please tell us a little bit about why you would like to attend camp? \_\_\_\_\_

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Please tell us three goals you have for camp? \_\_\_\_\_

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Where do you see yourself in 5 years? \_\_\_\_\_

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Please list your current coping strategies? \_\_\_\_\_

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When and how often do you use these? \_\_\_\_\_

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Who are your main support people? \_\_\_\_\_

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Do you see any barriers to you attending camp, and if so what would they be? \_\_\_\_\_

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Do you have any concerns about how you would manage camp, if so what are they? \_\_\_\_\_

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If you had a hero name, what would it be? Why? \_\_\_\_\_

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### Medical Information

Regular GP: \_\_\_\_\_ Practice: \_\_\_\_\_

Contact: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Please indicate whether you experience any of the following:

- |                         |          |                                      |          |
|-------------------------|----------|--------------------------------------|----------|
| 1. Heart Problems       | yes / no | 10. Asthma                           | yes / no |
| 2. Respiratory Problems | yes / no | 11. Diabetes                         | yes / no |
| 3. Travel Sickness      | yes / no | 12. Restrictions on Activities       | yes / no |
| 4. Serious phobias      | yes / no | 13. Special Diet                     | yes / no |
| 5. Operations           | yes / no | 14. Disability                       | yes / no |
| 6. Recent Illnesses     | yes / no | 15. Medication Required              | yes / no |
| 7. Migraines            | yes / no | 16. Drug Reactions                   | yes / no |
| 8. Blackouts            | yes / no | 17. Allergies (i.e. beestings, etc.) | yes / no |
| 9. Fits, Epilepsy, etc. | yes / no | 18. Difficulty swimming              | yes / no |

If you answered 'yes' to any of these questions, please specify each including medications:

\_\_\_\_\_  
\_\_\_\_\_

Do you give permission for zero2hero staff to administer over the counter medication i.e. Panadol or anti histamine to your child if required? **yes / no**

Do give consent for Headspace Joondalup to share your HEADSS assessment and K10 scores to ensure we can best meet your needs during camp? **yes / no**

Are you linked in with and currently receiving mental health support from any services other than Headspace?  
**yes / no**

If so, who? \_\_\_\_\_  
\_\_\_\_\_

Are there any other issues that we should be aware of that may be relevant to your participation in the camp? If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorisation & Photo Consent

I declare that I have read the information regarding 'Camp Hero' to be held 1<sup>st</sup> – 3<sup>rd</sup> July and 27<sup>th</sup> – 29<sup>th</sup> September 2017. I understand that it is a condition of participation to accurately complete this form, including medical information and consent to share information between zero2hero, Headspace and The Independent Living Centre of WA.

In signing this document I am aware that I can freely elect to participate in camp activities and that any risk is voluntary. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the camp staff prior to signing this form. I also understand that, despite safety precautions, zero2hero, Nanga Bush Camp, and their staff or volunteers cannot guarantee that I will not be injured.

I understand that there may be risks involved for both myself and/or my property, and choose to participate based on this understanding. The specific risks to myself vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that these risks may be the result of sporting games; strenuous activities and quick movements in physical activities and the inherent risk to cardiovascular, muscular, and skeletal systems. The specific risks to my property vary from (1) minor damage such as physical damage, to (2) permanent damage such as completely destroyed and non-repairable. I agree to assume these risks. I agree to accept the risk, and release to the full extent permitted by law, Nanga Bush Camp and zero2hero, from the responsibility for any injuries which I may suffer or property damage as a result of my participation in the programs and activities at 'Camp Hero'.

In the event of an accident or illness, I authorise zero2hero to arrange medical treatment and emergency evacuation services, as the organisers deem necessary for my safety and well-being. I authorise zero2hero to consent, where it is impractical to communicate with me, for me to receive an x-ray, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage in such treatment, and to pay the appropriate fees for such and any other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by a zero2hero representative accompanying me and then re-joining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of zero2hero, non-cooperation of any description or the inability to meet the rigours and requirements of the activity. I agree to attend on this understanding.

I hereby consent to the use, for any lawful purpose, including but not limited to advertising, of my name, voice, and any photographs or videos of me taken on behalf of zero2hero and reproductions of the same in any form, in any medium, including on the World Wide Web, hereby releasing zero2hero from all liability arising from use of images including what I might deem misrepresentation of me by virtue of distortion, optical illusion or faulty mechanical reproductions. I agree that all such images and videos of me, as well as all copyrights shall remain the property of zero2hero.

I agree to the above statements.

Name of applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

## Health & Safety Warning

Camp Hero is for young people who want to be the best versions of themselves and become leaders in their community. This camp is not to be used for the purposes of therapy or recovery. zero2hero is a purely educational organisation and Camp Hero is an educational program.

The content of Camp Hero contains and raises topics such as mental illness including depression, anxiety, self-harm and suicide. This may be triggering to people who have been exposed to, or have experienced mental illness at some point in their life.

Due to the content at Camp Hero, we engage an independent clinical psychologist to be available for students during camp. This person will be available to provide low-level support only.

After Camp Hero, if required, it is your responsibility to seek appropriate professional advice, treatment and/or support from a suitable service.

### Authority

By signing this document I acknowledge that:

1. The Camp Hero program covers the above mentioned topics
2. Camp Hero is educational only
3. Camp Hero could be triggering if you have personal experience or exposure to mental illness or suicide and may not be suitable for me.

By signing this document I acknowledge that I have read the above health warning and I am comfortable to participate or have my child participate in Camp Hero and I understand that zero2hero does not provide any treatment or professional services for mental health issues, and that anyone who thinks they may need treatment or professional services for mental health issues should contact a suitable provider.

Name of applicant: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

## Information

Please keep this page for your own reference.

**What:** Camp Hero participants will learn through tailored workshops and activities that develop young heroes to be the best version of themselves. During this 3-day program students will develop their self-awareness, practice self-care, create new friendships and challenge themselves by facing their fears. The camp is facilitated by WA-based not-for-profit organisation zero2hero. For more information about zero2hero visit [zero2hero.com.au](http://zero2hero.com.au).

**Where:** Ern Halliday, Hillarys, Perth WA.

**When:** (tick which one you have indicated you would prefer on your application form)

- Saturday 1<sup>st</sup> July – Monday 3<sup>rd</sup> July 2017  
OR  
 Wednesday 27<sup>th</sup> September – Friday 29<sup>th</sup> September 2017

**Who:** During camp a number of volunteers and mentors will be present to support students through the week. All volunteers are required to have valid police clearances and working with children checks. zero2hero will also have a clinical psychologist present during the program for low level support.

**Transport:** Please meet us at Ern Halliday at 9am on the first day of your chosen camp. You can be picked up at 4pm on the final day.

**Cost:** Free. The Independent Living Centre of WA will be funding this Camp Hero for young people residing in the northern catchment area.

## Now what....

You may receive a call from zero2hero for a short phone interview to secure your place on Camp Hero - unfortunately we may not be able to take all applicants. Upon acceptance you will receive a welcome pack **via email**. This will include a list of things to bring, pick up locations and information about your graduation ceremony.

For more information please contact [camp@zero2hero.com.au](mailto:camp@zero2hero.com.au) or Casey on 0433 430 087

**Thank you for your application and good luck!**