



Burns Support Foundation Inc.

Po Box 476,
Paddington NSW 2021
T: 0438 906 617

E: info@burnssupportfoundation.org.au

Registered Charity: CFN 13805
ABN: 587 845 109 47 | Y 203 4844

Please find enclosed the details for the Burns Support Foundation Family weekend retreat to be held on the weekend of **Friday 8th November 2024 - Sunday 10th November 2024**

Our Venue for the camp: CCC Camps –Toukley 32b Evans Road, Canton Beach New South Wales 2263. The venue manager has **requested** that we arrive after **6:00pm** as there will be a group before us.

BBQ will be available on Friday Night; all other meals will be provided including Sunday lunch.

Any person with dietary requirements or food allergies **MUST COMPLETE** the dietary requirements form and submit to the Camp Coordinator at least 10 days prior to the commencement of the retreat.

Activities have been planned throughout the Saturday and Sunday, including sessions with Sandra Spalding (Social Worker) on the Saturday. You will be allocated to a group for the activities, and you cannot change groups once they have been allocated.

Rooms need to be vacated by 10am on the Sunday, **PLEASE** leave them clean & tidy for inspection by venue management.

PLEASE RETURN ALL FORMS VIA EMAIL

This pack includes:

1. Attendee Application Form
2. Camp Rules
3. Family & Children Supervision Rules
4. Photography & Media Consent
5. Dietary Requirements Form
6. Payment Form
7. Risk Management Form - (Back Page Only)
8. Suggestions What to Bring
9. Camp Form Checklist

Please complete and sign the forms below and return to email: info@burnssupportfoundation.org.au and retain a copy for yourself.

The cost of the camp is to be paid in full by no later than **22nd April 2024**, via Direct Deposit:

Bank: St George

Account Name: Burns Support Foundation

BSB: 112-879

Account Number: 155731431

We look forward to seeing you at the retreat.



ATTENDEE APPLICATION FORM

Below please provide details of attendees and identify who the Burns Survivor is by adding (S) after their name:

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Name: _____ **DOB:** ____/____/____

Address: _____

Phone Number: _____

Email Address: _____



CAMP TOUKELY RULES

1. **FORMS:** All forms are extremely important and must be completed to include **all** family members. All forms must be emailed back to info@burnssupportfoundation.org.au, the forms cannot be collected at the retreat.
2. **WHO CAN ATTEND THE CAMP:** The camp is intended for both adults and children, burn survivors and family/friends, persons under the age of 18 years must be accompanied by an adult. Please contact us if you have any queries.
3. **DINING ROOM:** Please ensure you keep the dining area clean and tidy after each meal, this is the responsibility of **all** attendees and must **not** be left to a few.
4. **DAMAGE & LOSS:**
 - a. You are responsible for **all** equipment that is lent to you so please take care of it.
 - b. Venue Management will check your room on Sunday, you are responsible for any damages.
 - c. There will be a cleaning fee charge of \$50 to the occupant of any room that is left in an unsatisfactory state, and you will be accountable to pay for any damages to the room. This is not the responsibility of the Burns Support Foundation.
5. **BEDDING:** Bedding is **not** to be removed from the rooms (this is in accordance with venue regulations).
6. **RESTRICTIONS:**
 - a. There will be **NO** underage drinking tolerated.
 - b. This is a family retreat, moderate drinking for adults over the age of 18yrs is permitted only till 11pm on Saturday and only once the younger children have gone to bed in an area set aside by the committee, heavy drinking will **NOT** be tolerated. Camp sites are typically an alcohol-free zone, please do not abuse this privilege and spoil it for all.
 - c. Illegal drugs will **NOT** be tolerated.
 - d. Smoking is not permitted in any building on site, near the activities or in close proximity to others. Smoking is permitted outdoors only in designated areas. Underage smoking will NOT be tolerated.
 - e. No noise after 9.30pm to allow younger children to settle.
 - f. No animals allowed under any circumstances.
 - g. No personal bikes and scooters are allowed on campsites for safety reasons.
7. **FIRST AID:** There will be a qualified first aid person on site.
8. **GROUP SESSIONS:** A timetable for group sessions with Sandra Spalding will be displayed in the dining room for those who would like to attend.
9. **ACTIVITY TIMETABLE:** The timetable for group activities will be provided and will also be displayed in the dining area, please check to see which group you have been allocated to. There can be NO changing of groups.
10. **CAMP ETIQUETTE:** During activities, please ensure your actions do not compromise the safety of yourself, your family and any other member of your group. If in doubt, please consult a committee member. Safety is paramount, discuss with your committee member if any action or behavior that is thought to be inappropriate, their advice is in your best interest.
11. **MEALTIMES:** To prevent any injuries, we ask that children be supervised by their parents during all mealtimes. This will ensure minimal risk of a burn from hot food & drinks.

Please adhere to these rules and please respect the flora and fauna to help make our camp an enjoyable and a safe one in the camp environment. Thank you and enjoy the retreat!

PARTICIPANTS NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____



FAMILY & CHILDREN SUPERVISION RULES

1. Parents/Guardians are always fully responsible for the supervision and safety of their children during the camp. This includes all activities, at mealtimes and during free times.
2. Your child/children **cannot** remain in the group at an activity without at least **ONE** of the parents/guardians are present. in no way are Burns Support Foundation or Venue Staff responsible for your child and their safety.
3. There is one exception; while parents/guardians are attending the parent's group session with Sandra, arrangements to supervise your child/children will be provided by the Burns Support Foundation Committee for approximately 2 hours on a Saturday morning which the parent/guardian will collect their child/children immediately after this session.
4. Should you arrange for another parent to supervise your child during free times, the Burns Support Foundation and/or activity contractors are in no way responsible for their safety. We ask you to give some thought before asking other people to take on the responsibility of your children and similarly of accepting the responsibility.
5. **STRANGER DANGER:** Parents, even though we are at a campsite, you need to look after your own children. You should not assume that people walking around the site pose no threat to their children. Therefore, careful supervision is always important especially when children are playing outside. The campsite and the Burns Support Foundation take **NO RESPONSIBILITY** for the safety of children except during the time that parents are attending the facilitated parents' group (approx. 2 hours duration on Saturday morning).
6. If the parents/guardian decides to leave the campsite, you must take all family members with you. Please inform a Burns Support Foundation Committee Member and the Camp Coordinator prior to leaving the site and upon your return.
7. **MEALTIMES:** To prevent any injuries, we ask that supervision of children is provided during all mealtimes. This will ensure minimal risk of a burn from the hot plates.
8. **WILDLIFE:** It should be remembered to take adequate care and be watchful of wildlife such as snakes, spiders, etc....

I _____ (PARENT/GUARDIAN) HAVE READ AND UNDERSTOOD THE FAMILY AND CHILDREN SUPERVISION RULES

SIGNATURE:



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PHOTOGRAPHY & MEDIA CONSENT FORM

I _____ (Parent/Guardian/Participant),

HEREBY CONSENT TO the Burns Support Foundation Inc. to take, exhibit or publish photographs, videos and sound recordings now or in the future for the purpose of promoting the Burns Support Foundation and its activities through advertising, press releases, foundation publications, website and social media.

Parent/Guardian/Participant Name:

Child/Children Name(s):

SIGNATURE: _____ **DATE:** ____/____/____



DIETARY REQUIREMENTS

Name of Participant:

<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Food Intolerance
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Medical
<input type="checkbox"/> Vegetarian/Vegan	<input type="checkbox"/> Other

List Foods/Ingredients to Avoid:

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Symptoms of Allergy/Intolerance:

Additional Notes/Comments:

Is there an Allergy Action Plan in Place: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE (PARENT/GUARDIAN/PARTICIPANT):

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FINAL PAYMENT FORM

PERSONAL DETAILS:

Mr./Mrs./Ms./Miss./Other: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mob: _____

Email Address: _____

FINAL PAYMENT DETAILS

Amount: \$ _____ being for _____ people

I confirm I have made the final payment via EFT (Electronic Funds Transfer) to:

Name of Account: Burns Support Foundation

Bank: St George

BSB: 112-879

Account Number: 155 731 431

Receipt #:

Please ensure to place your name on the payment as a reference and send a copy of the receipt of payment to email: info@burnssupportfoundation.org.au



RISK MANAGEMENT PLAN (RMP)

CAMP CORROBOREE

MAY 2024

I have received a copy of the Risk Management Plan for the Burns Support Foundation "Camp Corroboree, May 2024" and I have read and understand the Plan.

For the duration of the camp myself and my family will comply with all responsibilities as described in the Risk Management Plan.

I take full responsibility for ensuring that I, and my family will comply with all instructions from the BSF committee and the Venue staff for the duration of the camp.

Parent/Guardian/Participant Name: _____

Signature: _____ **Date:** ____ / ____ / ____



SUGGESTION OF WHAT TO BRING

- Sleeping bag or sheets, blankets, and pillows. Nights can be extremely cold.
- Water bottle for drinks.
- Wet weather gear/umbrella for each member of your family.
- Hat / Sunscreen – you don't want to get burnt.
- Torch, with fresh batteries.
- Toiletries
- Insect repellent.
- Towels (2) per person.
- Sturdy shoes for activities plus a 2nd pair of old shoes that can get wet.
- Warm pants and jackets, shorts, T-shirts, swimwear, and old clothes as they can get quite dirty.
- Pajamas.
- Bag for dirty, wet clothes.
- Camera (optional).
- Any medication you may be taking at the time.



CAMP FORM CHECKLIST

Please ensure all forms are signed and returned to our email:
info@burnssupportfoundation.org.au and remember to keep a copy for yourself:

- Camp Forms (Signed)
- Attendee Application Form
- Camp Rules (Signed)
- Family & Children Supervision Rules (Signed)
- Photography & Media Consent Form (Signed)
- Dietary Requirements Form (Signed)
- Payment Form (Signed)
- Risk Management Form (Signed)