

Please use black ink and write in BLOCK capitals



Where possible please complete our online application form at www.svpbosco.org.uk

Please Indicate which week your child would like to attend or put in order of preference.

Boys' Camp Week 1	(Ages 8 - 13)	27th July – 3rd August		Deadline for applications 30th June 2019
Boys' Camp Week 2	(Ages 8 - 13)	3rd August – 10th August		
Girls' Camp	(Ages 9 - 12)	10th August – 17th August		31st July 2019
Mixed Camp	(Boys + Girls Ages 9 - 11)	17th August – 24th August		

Name:			
Gender:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	
Date of Birth:		Age (at camp):	

[illegible]

Has your child ever attended this camp before	
Yes <input type="checkbox"/>	Year _____ No <input type="checkbox"/>
Which school does your child attend?	
Does your child have special educational needs?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:	
Has your child ever been excluded from school?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:	
Does your child have any special dietary requirments? (e.g. vegetarian, vegan, religious or intolerances)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any additional needs that camp organisers need to be aware of, to ensure your child gains the most from camp experience?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:	

Medical Information

Does your child have any medical conditions or allergies (including food)

Yes ☐

No ☐

If yes please give details:

Does your child have any allergies? For example, pollen (hay fever), nut allergy, lactose intolerance

Yes ☐

No ☐

If yes, please give details of how their allergy needs to be treated

Will your child need either of the following - If so please ensure the medication is sent on the transport with the camper.
Please also ensure TWO of each are bought.

Inhaler ☐

Epi pen ☐

Does your child need any regular medication

Yes ☐

No ☐

If yes please give details:

Has your child had any episodes which have required hospital treatment (Hospitalisation / Accident and Emergency visit)
within the last 12 months?

Yes ☐

No ☐

If yes please give details:

Has your child had a tetanus injection in the last 10 year? This isn't mandatory

Yes ☐

No ☐

Does your child ever soil / wet themselves during the day or night?

Yes ☐

No ☐

If so, is it okay to provide them with pull-ups?

Yes ☐

No ☐

Please provide any necessary further details

Does your child sleepwalk?

Yes ☐

No ☐

If yes, please give details of how you treat this at home?

Your child may require first aid treatment. Please select the products you are happy for your child to receive

Sunscreen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Antihistamine (e.g Piriton - for hay fever and allergies)	Yes <input type="checkbox"/> No <input type="checkbox"/>
After Sun	Yes <input type="checkbox"/> No <input type="checkbox"/>	Antiseptic wipes (for small cuts and grazes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paracetamol (liquid or tablet - for pain and fever)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wound dressings / adhesive dressings	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ibuprofen (liquid or tablet - for pain and fever)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Details of your child's doctor (G.P.)

Name:			
Address:			
	Post code		
Contact No:			

Photograph

Please attach a recent photograph of your child here before returning this form.

The photograph must be clear and show the child's full head and shoulders.

**PLACE
PHOTOGRAPH
HERE**

Safeguarding Information

The SVP has a Safeguarding Responsibility for your child whilst on Camp and the following information should be disclosed in order that the Society can fulfil this responsibility to the best interests of your child. E.g. does your child have a social worker, is your child subject of a Child Protection Plan or subject of a Common Assessment Framework (CAF)?

Are there any family issues we need to know about?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:	
Is there anyone likely to seek contact with your child at camp that would not have permission?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:	
Is the child subject to any current court orders?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give date:	

Emergency Contact

Who can be contacted in the case of an emergency?

Please make sure that this is somebody who is AVAILABLE DURING THE WEEK OF CAMP.

First Contact	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address	
Second Contact	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address	

Transport Arrangements

Please select transport arrangement ✓ required

Harold Hill	Beckton	Central London	Own Transport
Most Holy Redeemer Petersfield Avenue, Harold Hill RM3 9PB Nr. Harold Wood Station and A12	St. Marks Church, Kingsford Way, Beckton London E6 5YA (Nearest Train – Beckton ~ DLR)	TBC	Camp Site : Colchester Exact address given in confirmation pack
Departure approx 15:00 Return approx 11:00	Departure approx 15:30 Return approx 12:00	Departure approx 14:00 Return approx 12:30	Dropoff 15.00 Pick up 09.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents, please note the above times and dates that your child will be picked up and dropped off by SVP Camp volunteers.
Dates and transport arrangements for your child will be confirmed in the acceptance letter which will be sent to you prior to your child attending camp.

Who will be collecting your child at end of camp at the drop off point?

First Contact	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address	

Parental Consent

Do you allow your child to take part in supervised SWIMMING activities while at camp?

Yes ☐

No ☐

Is his/her swimming ability?

None ☐
(Requires arm bands)

Weak ☐
(Requires arm bands)

1 Length ☐
(Without arm bands)

Strong ☐

I understand that if my child is homesick, ill or unable to fit into camp life, then my child may need to go home before the end of the holiday period. All payments are non refundable.

Yes ☐

During camp photographs are sometimes taken by the organisers, which may later be used for publicity, fundraising, social media or on our website. We will never disclose the child's name or any identifying personal details.

Do you consent to a photograph including your child to be used to this purpose?

Yes ☐

No ☐

Do you consent for The St John Bosco Camp to contact you about future camps?

Yes ☐

No ☐

Where did you hear about the camp ?

Sponsorship

The section below needs only be completed where the child is being sponsored either by the SVP, school or other group.

Name of sponsor			
Sponsor's organisation			
Address			
Telephone number		Mobile	
Email address			

Declaration

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE THE DECLARATION BELOW:

To ensure the smooth running of the camp and the safety and welfare of your child, please ensure that you have answered all of the above questions correctly and with as much detail as possible. It is your responsibility to ensure that the information you provide is accurate and up to date as camp staff can only act upon the information provided by you.

As the parent/carer of the above child, I agree to him/her attending the SVP St John Bosco Children's Camp and participating in all activities on offer. I give permission for the Camp Leader and/or their nominated helpers to administer my child's prescribed medications and the non-prescribed medications I have indicated they can have from the list in the medical information section. I give consent for my child to be taken for medical treatment should the need arise and for an appropriate adult to sign for medical treatment on my behalf. I have read and agree to the information on this form.

Signed:	Name:	Relationship to child:
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**WE CANNOT ACCEPT THIS APPLICATION UNLESS A TELEPHONE
NUMBER IS GIVEN ABOVE AND THE PARENTAL CONSENT IS AGREED
TO AND SIGNED.**

Payment

Child is has a pre arranged sponsor:	
Option 1: I enclose a cheque for £160	
Option 2: I wish to pay online by credit/debit/Paypal	

Cheques, Postal orders to be made payable to (SVP) St. John Bosco Centre

Please send this application form enclosing the suggested donation of £160
if paying by cheque to the appropriate booking secretary.

Secure electronic payment can be made through using debit, credit cards or Paypal

Places are booked on first come first served basis and so could be fully booked before the closing date.

Postal & Contact Details

Boys Camp	Girls Camp + Mixed Camp
St. John Bosco Centre 22 Humber Road Witham Essex CM8 1TG	St. John Bosco Centre 62 Bell Farm Avenue Dagenham Essex RM10 7BA
07534065347 / boysbookings@boscocamp.co.uk	07491811167 / girlsbookings@boscocamp.co.uk
	07491811167 / mixedbookings@boscocamp.co.uk

Please contact our booking secretaries via email or leave a message on our answerphone.
We aim to respond to all enquires within 48 hours.

Demographics - For statistical purposes only

The following information is collected for statistical purposes only, it will not be considered during the application process. This question is not mandatory but would help the society understand the families that it helps a little better

Prefer not say: ☐

White:	Mixed:
A) British B) Irish C) Any other white background	D) White and Caribbean E) White and Black African F) White and Asian G) Any other mixed background
Asian	Black
H) Indian I) Pakistani J) Bangladeshi K) Any other Asian background	L) Caribbean M) African N) Any other black background
Any other ethnic groups:	Please indicate ethnicity code for your child:
O) Chinese P) Any other ethnic group Q) Not stated