



## 2019 Referral Form

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Referrals to Edmund Rice Camps for Kids WA for 2019 are currently open.

**New referrals are only open to children born in the years 2011 to 2003** with limits to each age category. The referral fee is \$125: please submit the referral form with the fee. Once a child's referral has been accepted, they will be eligible to attend programs for a year. A child will need to be referred annually to be eligible to continue to attend camps after their first year.

### Completing the form

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This referral must be completed by a non-relative who holds a position of responsibility or qualification such as caseworker, social worker, psychologist or teacher. It is expected that this person knows the applicant well enough to comment on the suitability for a camp.

The purpose of you seeking and 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 a camp or activity. It is critical that your contact details are current for the duration of a camp/program that a child attends (including after hours). In the unlikely event that a child needs to go home from camp, a referral agent may be contacted if a parent/carer is unable to be reached. In addition, if any child protection concerns are raised regarding the child, you will likely be contacted to assist us to determine the safety of the child. Please refer to [Our Approach to Child Protection](#) for more information.

**Please provide as much information as possible when filling out this form. Children whose forms are more adequately completed have a greater chance of being accepted onto the program. Forms that are not completed to their entirety may result in children being accepted who are unsuitable for the program.**

### Payment Options

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Payment can be made via cheque, purchase order, direct deposit, or online

To pay via direct deposit, please transfer funds to:

BSB: 325-185

Acc: 03611243

Name: Edmund Rice Camps for Kids WA

Please include the child's name and referral fee in the description.

To pay online, visit <http://www.edmundricecampswa.com.au> and click **Donate**. Then click **Donate Now**. Please enter purpose as 'child's name, referral fee' and enter credit card details.

If you have any queries regarding referrals, please contact Meghan Huitema, the Community Engagement Manager on the details below.

Meghan Huitema  
Edmund Rice Camps (WA)  
53 Redmond St Salter Point WA 6152  
PO Box 1129 Bentley DC WA 6983  
ABN 46 332 941 157

M 0433 528 042  
E [ercwamce@edmundrice.org](mailto:ercwamce@edmundrice.org)  
[www.edmundricecampswa.com.au](http://www.edmundricecampswa.com.au)

**Office Use Only**

Date Received \_\_/\_\_/\_\_

Contact Agent

Contact P/C

Pack Emailed

Paid

Date Completed \_\_/\_\_/\_\_

**Referral For 2019**

RE-REFERRAL

NEW REFERRAL



**Referral Agent Details**

Referrer's Name:		Contact No:	
Referrer's Email:		After Hours No: (required)	
Position/Relationship of Referrer:			
Agency Name:			
Agency Postal Address:		Postcode:	
Agency Street Address:		Postcode:	

**Child's details**

Name:		Birthdate:	
			(2011-2003 only)
Address:		Postcode:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Aboriginal <input type="checkbox"/> In care of CPFS <input type="checkbox"/> In Grandparents care <input type="checkbox"/> Refugee <input type="checkbox"/>		
School:			
Parent/Guardian/Carer Name:		Home Ph:	
Address:		Postcode:	
Email Address: (required)		Mobile Ph: (required)	
Second contact name:		Home Ph:	
Address:		Postcode:	
Email Address:		Mobile Ph:	
Best contact for advertising upcoming programs via email?	Referral Agent <input type="checkbox"/>		
	Parent/Carer <input type="checkbox"/>		

Please note that we communicate with parents and carers through email and text, so this information is essential for them to receive information about upcoming programs. If the parent/carers doesn't have regular access to email, please indicate this and that you will be happy to receive information on their behalf.

**What are your reasons for referring the child?**


## Recreation

**Has the child participated in other holiday programmes?**

Yes  No

**Organisation:**

**Date:**

## Background

**What do you believe are the greatest pressures or issues affecting the child? Please tick all that apply.**

Behavioural <input type="checkbox"/>	Care Responsibilities <input type="checkbox"/>	Cultural <input type="checkbox"/>
Economic <input type="checkbox"/>	Family <input type="checkbox"/>	Financial <input type="checkbox"/>
Health <input type="checkbox"/>	Living Arrangements <input type="checkbox"/>	Physical <input type="checkbox"/>

Other:

**Please explain further:**


## Health

**Do you have reason to believe the child has any disabilities?**

Intellectual  Physical  Sensory  Psychiatric   
If 'Yes' please explain, detailing any issues with self-care, communication and mobility.


## Interpersonal Relationships

**How well does the child related in a social context with peers and adults?**

Has difficulty  Associates Well  Very Well

**Please provide more detail:**


## Behaviour

**What is the child's understanding of and compliance with instructions given by adults?**

Has difficulty  Associates Well  Very Well

**Please provide more detail:**


<b>Do you have reason to believe that the child has shown aggression or exhibited violent behaviours towards their peers or adults?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please explain
<b>Are you aware that the child has shown sexualised behaviours, had any involvement in or witnessed of sexualised material (including accessing pornographic material)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please explain
<b>Do you have reason to believe that there is any indication that the child has self-harmed, attempted to self-harm, or voiced intention of self-harming?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please explain
<b>Do you have reason to believe that the child has been or is involved with substance issues (alcohol or drugs), including associating with groups who've been involved in this behaviour?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please explain

Please read and sign the following information relating to the placement of the child on an Edmund Rice Camps for Kids WA 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 a small number of staff members, Edmund Rice Camps are staffed entirely by volunteers, largely aged between 16 & 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 referral agent's contact details (work and a/h) are to be included in this referral form and 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 referral agent's responsibility if parents/carers are unable to provide transport.
6. ERC uses images, photos and video, for promotional purposes (including but not limited to, ERC, newsletters, brochures, forms and websites).

**Please tick here  if you give permission for photos of this child to be used for promotional purposes. Please note that this will give us a general idea of whether permission can be sought and will not be used as a general rule for this child for any promotional materials (documents, fliers, website etc.)**

Referral Agent Name: \_\_\_\_\_

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

Referral Agent Signature: \_\_\_\_\_

Please complete and submit this form to:

**Meghan Huitema**  
**Edmund Rice Camps (WA)**  
 53 Redmond St Salter Point WA 6152  
 PO Box 1129 Bentley DC WA 6983  
 ABN 46 332 941 157

**M** 0433 528 042  
**E** [ercwamce@edmundrice.org](mailto:ercwamce@edmundrice.org)  
[www.edmundricecamps.com.au](http://www.edmundricecamps.com.au)