**2012 Metro CLW LEADER (Application, medical & consent form)**

**Protecting you, and you privacy**

**Child Safe is the Lutheran Church of Australia’s (LCA) national Risk Management system which is administered through the Districts to comply with State legislations and our God-given mandate to care and provide safe programs for the young in our midst. LCA SA/NT Blueprint Ministries’ compliance with the safety procedures of ChildSafe gives people like you more confidence to get involved in our programs.**

**Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program/s. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of LCA SA/NT Blueprint Ministries who need it to enable them to perform their agreed activities (e.g. First Aid officers, Camp Directors, Leaders, promotions etc.). We will not use your information for other purposes unless given written consent from you. You are welcome to contact the District Office in relation to issues regarding your personal information and for a copy of our Privacy Policy.**

**We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program/s and camps.**

# Leader Contact Details

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| Surname: |  | | | | | | Given Name: | | | |  | | | | Preferred Name:  (if different) | | |  | |
| Address: |  | | | | | | | | | | | | | | | | | | |
| Suburb: |  | | | | | | | | Postcode: | | |  | | Gender: | | |  | | |
| Email: |  | | | | | | | | | | | | | Mobile Phone: | | |  | | |
| D/O/B: |  | | | Occupation: | | | |  | | | | | | Marital Status: | | |  | | |
| Home Congregation: | |  | | | | | | | | | | | | | | | | | |
| ***BLUEPRINT MINISTRIES encourages all leaders to be regularly worshipping within a Christian community*** | | | | | | | | | | | | | | | | | | | |
| Parent(s)/Guardian(s)  Name(s): | | | | | Preferred Name  (if different) | | | | | Gender: | | | Home Phone: | | | | Mobile: | |  |
|  | | |  | |  | | | | | M F | | | () | | | |  | | |
|  | | |  | |  | | | | | M F | | | () | | | |  | | |
| Which Metro CLW(s) would you like to attend? Preference each camp or choose unavailable. | | | | | | | | | | | | | | | | | | | |
| Are you available to attend both CLWs? | | | | | |  | | | | | | | | | | | | | |
| Metro CLW July 2nd – 6th 2012 | | | | | |  | | | | | | | | | | | | | |
| Metro CLW Sept 24th-28th 2012 | | | | | |  | | | | | | | | | | | | | |
| CLW Leadership Options: Which of the following leadership responsibilities are you interested in? (Tick as many as you would like, generally small group leadership is compulsory) | | | | | | | | | | | | | | | | | | | |
| Small Group leader | | | | Prayer Team (onsite) | | | | | | | | Prayer Team (offsite) | | | | Worship Team | | | |
| Games Team | | | | Electives Team | | | | | | | | Organising Team | | | | Catering Team | | | |
| Comments relating to your selections (including preferred small group camper age): | | | | | | | | | | | | | | | | | | | |

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| Ministry / Leadership | | | |
| Are you interested in potentially sharing your testimony or a message on CLW during worship, related to the topics/themes discussed? *(Please provide as much detail as possible here or contact Andrew Traeger directly)* |  | | |
| Briefly outline any previous experience within the church, youth groups, camps, other leadership within the community which you have had: (excluding CLW) |  | | |
| What motivates you to work with, and alongside young people? |  | | |
| What do you consider to be your personal strengths, gifts and skills? |  | | |
| Do you hold a current senior first aid certificate? (Please include date of training) |  | | |
| Do you have any other relevant qualifications? (Please provide details) |  | | |
| Consent – Privacy information | | | |
| **Do you consent to your contact details being included on a contact list given to participants?** | | Yes No | |
| **Do you consent to updates, information and promotions pertaining to Blueprint Ministries being emailed you?** *N.B This is an important way we keep in contact with you about upcoming camps, post-camp events, zone youth services and more.* | | Yes No  If ‘yes’ have you given us your email address in section 1? | |
| **Do you consent to the appropriate use by us of photographs and/or video footage taken during the events/meeting that includes you?** *Examples: Photos in: documents like the ‘Together’ or posted on Blueprint Ministries Website* | | Yes No | |
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### Program Preparation Details

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| --- | --- |
| Do you have special dietary requirements? | Yes\* No |
| *\*If ‘Yes’, please list your food requirements (include intolerances as well as allergies): (We will endeavour to meet these requirements, and will contact you if there are any problems.)* | |

1. **General Medical Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please give details of your family's medical (hospital) insurance if applicable:* | | | | | | | | | |
| Insurance Provider: | |  | | | | Card Number: |  | | |
| Medicare Number: | |  | | Medicare line Number: | | | |  | |
| Doctor: |  | | Address: | |  | | | Tel: |  |
| **Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that team members do not provide or keep any medications in stock during the program. Senior First aid officers can only administer participant supplied medications upon your consent.** | | | | | | | | | |
| Will any of you need to take any medication (prescribed or not) that will need to be administered during the course of the program/s?  \**If ‘Yes’, please give details:* | | | | | | | | Yes\* No | |
| What is the year of your last tetanus injection? ***please write response***  🖉*(Name Year) e.g. (John 2001)* | | | | | | | | | |
| Are you immunized? (conventional or homeopathic) | | | | | | | | Yes No | |
| Have any of you previously broken/fractured any bones?  \**If ‘Yes’, please give details:* | | | | | | | | Yes\* No | |
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### Specific Medical Conditions

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| Please indicate if you have any specific medical conditions such as (but not limited to) Asthma, Diabetes, Ear infections, Epilepsy, Faints, Hyperactivity, Tonsillitis, Allergies? (Provide additional details as necessary). |

### Consent - Particular Activities

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| --- | --- |
| In attending the program, you consent to participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program will inform you of these. | |
| Are there any specific activities that you do not wish to participate in?  \**If ‘Yes’, please specify:* | Yes\* No |

### Your Agreement with LCA SA/NT Blueprint Ministries Inc.

**PLEASE TICK WHEN READ AND CONSENTED TO:**

|  |  |
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|  | I am aware in sending this application form for my participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. |
|  | I acknowledge that while LCA SA/NT Blueprint Ministries and its leaders, volunteers and staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of LCA SA/NT Blueprint Ministries Inc., its leaders, volunteers and staff. |
|  | I confirm that the information contained in this registration is true and correct. |
|  | I agree to inform the District Office T: 08 82675211 F: 08 82391838 E: [Rebecca.cronau@sa.lca.org.au](mailto:Rebecca.cronau@sa.lca.org.au) or the Camp Directors Andrew Traeger or Peter Eckert in writing of any change to these details during 2012 (inclusive). |
|  | |
| **In the event of an emergency where i/ we AND my nominated contact people are unavailable:** | |
|  | I authorize the leaders to obtain medical advice and/or assistance which they deem necessary. |
|  | I further authorize qualified practitioners to administer anaesthetic if required. |
|  | I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary. |
|  | I accept the responsibility for payment and agree to pay medical, transport and any other related expenses. |

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|  |  |  |  | **/     /20** |
| **Name of Leader (please print clearly)** |  | **Signature** |  | **Date** |

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**VOLUNTEER CODE OF CONDUCT AND DECLARATION**

**As a volunteer for BLUEPRINT MINISTRIES, I (name**) \_\_     \_\_\_\_\_\_\_

1. Will read any training and legal documentation given to me, which may include:
   1. BLUEPRINT MINISTRIES Leadership Material,
   2. Child Safe Handbook,
   3. LCA Sexual Abuse Policy information,
   4. Any legal requirements involving safety & insurance;
2. Will attend full training events in preparation for my attendance at any BLUEPRINT MINISTRIES camps or events;
3. Accept and agree to work in accordance with BLUEPRINT MINISTRIES’s values, beliefs & working principles as outlined in BLUEPRINT MINISTRIES leadership and training material;
4. Will treat all people with respect and dignity regardless of age, gender, religious/cultural

denomination or personal circumstances;

1. Accept and agree to work in accordance with BLUEPRINT MINISTRIES’s Safety and Care policies including OH&S;
2. Accept responsibility for duty of care for participants in the program;
3. Understand that any perpetration of physical, verbal, emotional, sexual or spiritual abuse or harassment is unacceptable and will be treated seriously and sensitively;
4. Will act with courtesy, consideration and good judgment in all interpersonal relationships;
5. Will not use BLUEPRINT MINISTRIES camps or events to promote my own, or a particular denominational or religious belief, behaviour or practice where these are not the practicing ethos of BLUEPRINT MINISTRIES or the Lutheran Church of Australia;
6. Will contribute to the cost of my time on camp *(including (but not exclusive to): meals,*

*accommodation, programming costs, etc.),* with the price being determined by BLUEPRINT MINISTRIES

1. Will not engage in any illegal activity or assist persons engaged in illegal activities;
2. Will respect the authority of leaders over me and act in accordance with their directions;
3. Will notify BLUEPRINT MINISTRIES immediately if there is any change to my ability to lead on a camp or event.

I agree to abide by the above code of conduct and declaration. I understand that failure to comply with these conditions will result in disciplinary action which may include termination of voluntary employment.

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | /     /20 |

EMAIL COMPLETED FORM TO [clwmetro@gmail.com](mailto:clwmetro@gmail.com)