



998 Doctors Flat Road, WEE JASPER, NSW 2582

P: (02) 6227 9266 E: [bookings@mountaintrails.org.au](mailto:bookings@mountaintrails.org.au)

[www.mountaintrails.org.au](http://www.mountaintrails.org.au)

## **SCHOOL HOLIDAY CAMP AGENCY SUPPLEMENT BOOKING FORM**

This form is required for all campers who are booked or funded by agencies.

<b>Campers Name</b>	
<b>Which camp</b>	

In order for Mountain Trails to best support the wellbeing and safety of this camper, please provide as much information as possible. Mountain Trails will request a camper to be collected from camp if their wellbeing or safety to themselves or others is at risk.

### **CASE WORKER INFORMATION**

**Registration will not be processed unless this form is complete.**

<b>Name</b>	
<b>Agency</b>	
<b>Address</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<b>Mobile</b>	
<b>Agencies A/H number</b>	

## INVOICE INFORMATION

**Campers form will not be processed (as per FaCS requirements) if there is no purchase order number or email address to forward the invoice.**

<b>Attention</b>	
<b>Email Address</b>	
<b>Purchase Order No.</b>	
<b>Contact Number</b>	

## PHOTOGRAPHY

I **do** give / **do not** give permission for the camper's photo to be taken and acknowledge that the photographs potentially could be used by Mountain Trails Adventure School in brochures, special displays, website or on social media. I acknowledge that ownership of such material is retained by Mountain Trails Adventure School.

## WHO SHOULD THIS CAMPER **NOT** HAVE CONTACT WITH?

<b>Name</b>	
<b>Relationship To Camper</b>	

## SCHOOL INFORMATION

<b>Name of School</b>		<b>Year</b>
	<b>Does the camper attend school full time?</b>	<b>Yes / No</b>
<b>If no, why?</b>		
	<b>Can the camper maintain peer relationships?</b>	<b>Yes / No</b>
<b>If no, why?</b>		
	<b>Has the camper been suspended in the last 6 months?</b>	<b>Yes / No</b>
<b>If yes, why?</b>		
	<b>Is there a Safety or Behaviour Plan in place?</b>	<b>Yes / No</b>

<b>If so, please attach.</b>		
	<b>Are any special supports in place for the camper?</b>	<b>Yes / No</b>
<b>If so, please attach details.</b>		
	<b>Do they have additional support in the classroom such as a teachers aid?</b>	<b>Yes / No</b>
<b>If so, please attach details.</b>		

**THE FOLLOWING INFORMATION WILL BE USED TO ASSIST STAFF IN PROVIDING THE MOST EFFECTIVE CARE FOR THIS CAMPER.**

<b>Strengths</b>	
<b>Vulnerabilities</b>	
<b>General behaviour</b>	
<b>Ability to participate in a group</b>	
<b>Ability to adapt to change</b>	
<b>Diagnoses such as ADHD, ODD etc.</b>	
<b>Is there a history of violent behaviour?</b>	
<b>Are there any other relevant issues that the Mountain Trails Team should be aware of?</b>	

**Please attach a sheet with details as appropriate.**

**I verify that this information is correct to the best of my knowledge.**

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

When completed, please forward this form to [bookings@mountaintrails.org.au](mailto:bookings@mountaintrails.org.au)