



Government of Western Australia
Department of Fire & Emergency Services



Emergency Services Cadets State Camp 2017





Dear Parents, Guardians and Cadets

**Invitation to nominate for the
State Cadet Camp 2017**

The Department of Fire and Emergency Services is pleased to announce the opportunity for emergency services volunteer cadets to attend the DFES Cadet State Camp, 2017. This year the camp will take place at Fairbridge Camp Grounds, South West Highway, Pinjarra, from 1600hrs Friday 28th April 2017 to 1600hrs Sunday 30th April 2017.

The camp will be offered to both emergency services cadets based in schools and in emergency services volunteer brigades, groups and units (BGUs). A range of volunteer services from across the state will be engaged to provide an opportunity for cadets to build relationships and important emergency services skills. It also allows cadets to further develop their leadership and problem solving skills, and personal resilience.

DFES is offering a limited number of camp-fee sponsored places to BGU cadets throughout the state. Successful applications will have all camp fees paid by DFES, however transport to and from camp is the responsibility of parents and guardians.

Cadets will participate in a range of activities including rock climbing, abseiling, ropes courses and information sessions from volunteer emergency services including the RAC Rescue Helicopter.

Cadets will be in separate male and female dormitory accommodation and supervised by cadet unit leaders and instructors and adult emergency services volunteers.

Please note that all cadets that apply must be:

- between 12 and 17 years of age;
- actively involved in emergency services volunteering; and
- a registered member of a volunteer brigade, group or unit in Western Australia.

Please note that mobile phones and electronic devices **are not** to be brought to camp. Should parents need to contact cadets in an emergency during the camp contact can be made through the Strategic Volunteer Coordinator – Youth Programs on 0429 377 703.

To nominate for this camp please complete the attached forms and return to the leader of your brigade, group or unit no later than **21st March 2017**. Cadets will be notified of the result of their nomination by 31st March 2017 through the DFES Strategic Volunteer and Youth Programs Branch.

Please retain this letter for your future reference.

Please feel free contact our program coordinator on 9395 9716 or email Lynelle.fozard@dfes.wa.gov.au if you require any further information.

Kind regards

Jennifer Pidgeon
Manager Strategic Volunteer and Youth Programs Branch
Department of Fire and Emergency Services

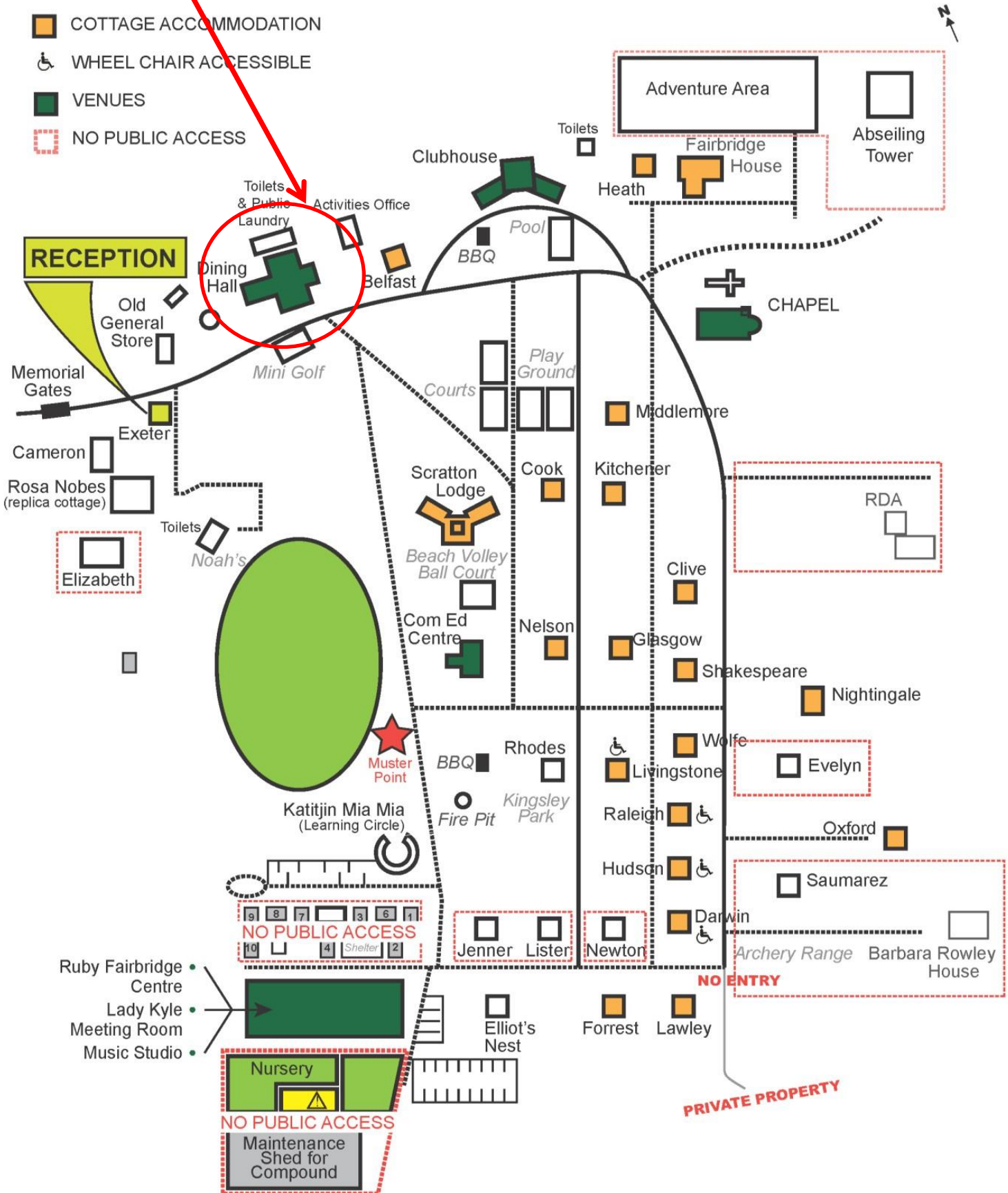
Fairbridge Camp Grounds,
South West Highway, Pinjarra



Cadet drop off and pick up point at the dining hall

FAIRBRIDGE

Creates space and opportunities for young people to grow



State Camp 2017 Check List

- Any medication shown on your consent form
- Water bottle
- Sun hat
- Every day practical shoes
- Thongs for the shower
- Long sleeved shirts
- T-shirts
- Shorts - Skirts are not acceptable on all activities. Short shorts are discouraged
- Pants
- Bathers
- Towel
- Track suit or similar
- Warm jumper (s)
- Waterproof jacket
- Underwear
- Hair ties to tie up long hair
- Dirty clothes bag (bin bag will do)
- Personal Toiletries (soap, toothpaste etc.)
- Bath towel
- Sleeping bag or similar
- Pillow
- Bottom sheet
- Sunscreen
- Torch
- Sunglasses (optional)
- Insect repellent (optional)

REMEMBER!!

Be prepared for extremes of weather – very hot to very cold

Security and responsibility for valuables rest with the cadets
not the teachers or camp!

No mobile phones or electronic devices are to be brought to camp.

Cadet Nomination/ Parent Consent

Emergency Services Cadet Corp

State Camp 2017

1600hrs 28th April 2017 to
1600hrs Sunday 30th April 2017

**No cadet will be permitted to participate
In the camp or any activity without this Signed Form.**

Contact Information:

Address: ↓	Home Phone: ↓
Email : ↓	Mobile Phone: ↓

**Please Return to: your captain, manager or commander
Return date: no later than 21st March 2017**

Cadets will be notified of their nomination by 31st March 2017

NO LATE APPLICATIONS WILL BE ACCEPTED

I have read and understood this information for the camp listed, and give my Consent for my son / daughter to nominate for the Emergency Services Cadet State Camp 2017.

Cadet Name – Please Print: _____

Name of the cadet brigade, group or unit _____

Parent / Guardian – Please Print: _____

I am interested in being contacted to be a parent supervisor on this camp

Yes

No

Parent / Guardian- Signature _____

DDDate: _____

Emergency Services Cadet Health Information

STRICTLY CONFIDENTIAL

This information is required for each cadet participating on the State Camp 2017 to assist the staff in the preparation and planning of the camp.

CADET DETAILS

Cadet's Name: _____ Date of Birth: _____

Parent / Guardian's Full Name: _____

Address: _____

Suburb _____ Postcode: _____

Telephone No – Home: _____

Telephone No – Work: _____

Telephone No – Mobile: _____

Name of Family Doctor: _____

Telephone No: _____

Medical Details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the camp.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "yes", please give details: _____

Is Your Child Allergic To:

Penicillin Yes No _____
Any Other Yes No _____
Any Yes No _____
Food Yes No Details _____

Date of Last Tetanus Vaccination: _____

Medication				
Parents / Guardians are requested to make arrangements with the Staff-in- Charge for the safekeeping and handling of prescribed medications prior to the excursion.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child presently taking tablets and/or other forms of prescribed medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child self-administer the medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes", state name of medication, dosage and frequency of				

Other Information

Does your child have any special dietary requirements?

Please provide any other information about your child which will enable the organisers of the camp to provide better care for your child.

Emergency Services Cadet

State Camp 2017

Cadet Agreement

Cadet's Agreement

During the camp, I am aware that I must behave in a way that is normally expected of cadets as detailed in the Code of Conduct and is acceptable to all leaders, instructors and parents on camp.

I understand that if I misbehave during the camp, my parents could be contacted and I may be sent home.

Cadets Signature _____

Date _____

Parent's Agreement

I acknowledge that during the camp, acceptable standards of behaviour will be expected of the cadet.

I understand that in the event of my child's serious misbehaviour during the camp, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility .

Parent Signature/s _____

Date _____

Contact Phone Numbers

Parent / Guardian Name	Business Hours	Home	Mobile



DFES TALENT RELEASE FORM

To whom it may concern

This is to certify that I give permission for the image of my child
..... taken during the Emergency Services State Camp at Fairbridge Centre between
28th April 2017 and 30th April 2017 (inclusive) to be used in Department of Fire and Emergency Services
photographic/video production and promotional material.

I understand that I can make no claim either for payment or damages against the Department for the
broadcast and use of the above material.

I also understand that the material/commercial remains the property of the Department of Fire and
Emergency Services.

Yours faithfully,

Name Signature.....

Address

.....

Telephone

Date