

# CAMP TENT LEADER / ASSISTANT APPLICATION FORM 2012

Junior Camp – Sunday 19th August – Friday 24th August



The role of Tent Leaders is vital to the smooth running of the camp. You will have a major responsibility for the physical and spiritual welfare and protection of the children in your care during camp. With the latter particularly in mind you must be a committed Christian and subscribe to the Mission Statement and Aims & Objectives of Sussex Christian Camps (see brochure). You must have a current CRB Enhanced Disclosure certificate and you will be expected to comply with the Children Act (see information leaflet) and to take basic training (which we will provide) covering the implications of the Children Act 1989.

Please tick appropriate box:

Tent Leader . . .       Assistant Tent Leader . . .

*Please use CAPITAL letters and a separate form for each Tent Leader / Assistant Tent Leader.*

Full Name: .....

Address: .....

.....

..... Post Code

Telephone No.: Home ..... In case of emergency .....

Mobile .....

Date of Birth: .....

Please state clearly any special dietary requirements: .....

.....

.....

## **Medical Policy Statement**

Be sure to let us know of any medical conditions that you may have. They won't necessarily affect your acceptance as all cases will be looked at individually, but we do need to ensure that you're fit and healthy enough to carry out your role at Sussex Christian Camps.

Are you receiving treatment for any medical conditions?      Yes       No

Do you have a physical disability or weakness which may affect your ability to fulfil any duties, including lifting or carrying?      Yes       No

Have you suffered or do you currently suffer from any mental or emotional health problems?      Yes       No

If you have answered yes to any of the questions above, please give details here:

.....

.....

.....

Declaration for Parent/Guardian: I agree this Tent Leader may receive any medical treatment prescribed by a doctor, including any necessary treatment under anaesthetic, in the unlikely event that this may be needed and that you are unable to contact me.

I agree that he/she may be receive medical treatment (including paracetamol or disparol supplied by Camp), from the camp nurse in the event of need.

I accept that in the interests of safety, the Camp Nurse will be informed of all tablets or medication on arrival.

Parent/Guardian to sign if Tent Leader is under 18: ..... Parent/Guardian print name: ..... Date: .....

*Please turn overleaf.*

