



SPECIAL ACTIVITY PROCEDURE

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1 PURPOSE

- 1.1 To help ministry centres plan and hold special activities such as community events and camps.

2 SCOPE

- 2.1 This procedure applies to all ministry centres in the Diocese of North West Australia (“the Diocese”).

3 PROCEDURE

- 3.1 Before conducting a community event, you must:

- check with the Diocesan Office that planned activities will be covered by insurance;
- ensure that any contracted external service providers are suitably qualified and fully insured;
- ensure that all event workers are selected and appointed according to the Diocese’s Safe and Suitable Workers Policy;
- ensure that a safe environment audit has been undertaken and any hazards addressed using the hierarchy of control measures;
- during the event ensure all church buildings not being used are secured;
- where money will be collected throughout the event, ensure that more than one person is present when money is collected and counted; and
- ensure that a qualified First Aid Officer is present at the event with a First Aid Kit.

- 3.2 Before conducting an off-site event, such as an excursion or camp, you must:

- ensure that prior to the camp, the venue has been assessed by the ministry centre Safety Officer or Minister-in-Charge and the venue manager advised of any hazards to be addressed;
- when planning for the camp, consider the emotional and spiritual risks that may be present and consider how these might be mitigated;
- ensure boys and girls are accommodated in separate rooms (with the exception of being in their family group);
- where camps are for children or young people, ensure camp leaders are not accommodated in the same rooms as the children or young people;
- in the case of camps for children and young people, ensure that written parental consent and medical

- information and any dietary requirements have been provided and that a copy is taken on camp;
- f) ensure that food allergies have been considered in the menu planning of the camp;
 - g) consider the need for a qualified First Aid Officer being present at the event and a First Aid Kit; and
 - h) ensure that all attendees have been formally registered.

4 RESPONSIBILITIES

Compliance, monitoring and review

- 4.1 The ministry centre governing group is responsible for ensuring compliance of this procedure.

Reporting

- 4.2 Ministry centre compliance with this procedure is reported in the quarterly and annual returns/reports to the Diocese.

Records management

- 4.3 The Registry maintains all records relevant to administering this policy using its recordkeeping system.

5 DEFINITIONS

- 5.1 Terms not defined in this document may be in the Diocesan Glossary.

6 RELATED LEGISLATION AND DOCUMENTS

Safe Program Policy

7 FEEDBACK

- 7.1 Church members may provide feedback about this document by emailing registrar@anglicandnwa.org.

8 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Approval Authority	Diocesan Council
Administrator	Diocesan Registrar
Next Review Date	19/06/2024

9 APPENDIX

1. Event Registration Form "A"
2. Special Activity Child/Youth Registration Form "B"
3. Special Activity Family Registration Form "C"
4. Special Activity Community Member Registration Form "D"

<NAME OF EVENT> REGISTRATION FORM

FAMILY INFORMATION

FIRST NAME: _____ SURNAME: _____

PREFERRED NAME ON NAME TAG: _____

POSITION: _____

MINISTRY CENTRE: _____

POSTAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

DAYTIME PHONE: _____ MOBILE: _____

EMAIL: _____

SPOUSE'S FIRST NAME: _____ SURNAME: _____

PREFERRED NAME ON NAME TAG: _____

CHILD: _____ School Year: _____ DOB: _____ Allergies/Special Ed. Needs: _____

CHILD: _____ School Year: _____ DOB: _____ Allergies/Special Ed. Needs: _____

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CHILD: _____ School Year: _____ DOB: _____ Allergies/Special Ed. Needs: _____

ANY OTHER SPECIAL REQUIREMENTS e.g. DIET, FOOD ALLERGIES, ACCESS

**The deadline for registration is
[insert contact details]**

PAYMENT DETAILS

Full Registration (per family/household) [insert details of full registration]	<input type="checkbox"/> \$
Pensioners (per family/household) [insert details]	<input type="checkbox"/> \$
Non-Stipendiary Workers & Volunteers [insert details]	<input type="checkbox"/> FREE
Day Registration [insert details] <input type="checkbox"/> day <input type="checkbox"/> day <input type="checkbox"/> day <input type="checkbox"/> day	<input type="checkbox"/> \$/day
Registration Fee Total: \$	

- Cheque or money order enclosed (payable to: 'Anglican Diocese of North West Australia') — or
- Electronic deposit: BSB: 706-001 Account Number: 3000 3846 Account Name: Diocese of North West Australia
Please include "FWC19 and surname" in the reference field when transferring funds.

Please email remittance advice to **reception@anglicandnwa.org** as soon as payment has been made — or

- Credit Card payment

Type of card (please tick) MasterCard Visa Card

Card Number:

Expiry Date:

CVV:

Name on Card:

Cardholder Signature:

Date:

Please email completed form to:
reception@anglicandnwa.org or

post it to:

Anglican Diocese of North West Australia
PO Box 2783, Geraldton, WA 6531

TAX RECEIPT

All prices include GST

Anglican Diocese of North West Australia ABN: 24 224 030 235

Once paid, this registration form is recognised by the Australian Taxation Office as a compliant Tax Invoice

DRAFT PROGRAM

[insert draft program]

VENUE DETAILS

[insert venue details, including map]

<NAME OF ACTIVITY> REGISTRATION FORM

Child's Details

Given Names _____ Surname: _____

Date of Birth: _____

Address: _____ Suburb: _____ Postcode: _____

Do you consent to appropriate use by us of photographs taken on the program that include your child? For example, inclusion on social media, placement on our web page or in a brochure. Yes / No

Program Preparation Details

Does your child have any special dietary requirements? Yes / No (if yes, specify below)

Can your child swim? (circle one) No Fair Swimmer Good Swimmer

Travel to the camp and during the camp will be by private cars. Do you give consent for your child to travel in cars with camp leaders driving? Yes / No

Particular Activities

Do you consent to your child's participation in a range of general sporting and recreational activities, such as, hiking and water sports.

Are there any specific activities that you do not wish your child to participate in? Yes / No (if yes, specify below)

Safety and Care Details

In the event of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the camp.

Name: _____ Relationship: _____ Phone Number: _____

Are there any conditions which require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, or any other? Please list below:

Medical Information

Will your child need to take any tablets or other medication during the camp? Yes / No (If yes, please specify below)
This medication must be provided in a suitable container including dosage and frequency to the camp Leader.
Children are not to self-medicate unless written permission is given.

Has your child been taken off medication recently? Yes / No (if yes, please specify below)

What year was your child's last tetanus injection? _____

Please give details of your child's medical insurance: (if applicable)

Insurance Provider _____ Membership Number: _____

Medicare Number: _____ Do you have ambulance cover? Yes / No

Protecting Your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your child's involvement in our camp. We are careful to keep your information confidential and provide it only to those agents acting on behalf of [name of ministry centre] who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact us in relation to issues regarding your personal information and for a copy of our Privacy Policy.

Your Agreement with the [name of ministry centre]

I am aware in signing this document for my child's participation that certain elements of the camp could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while [name of ministry centre] and its leaders 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 the [name of ministry centre], its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise 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.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.
- I also understand that in cases of unacceptable behaviour, my child will be sent home from the program at my expense. This may require me to collect my child.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

<NAME OF ACTIVITY> REGISTRATION FORM

Surname: _____ Activity Date: _____

First child

Name: _____ Birth Date: _____ Age: ____ School: _____ Year: ____

Allergies/Notes: _____

Second child

Name: _____ Birth Date: _____ Age: ____ School: _____ Year: ____

Allergies/Notes: _____

Third child

Name: _____ Birth Date: _____ Age: ____ School: _____ Year: ____

Allergies/Notes: _____

Fourth child

Name: _____ Birth Date: _____ Age: ____ School: _____ Year: ____

Allergies/Notes: _____

Parent's/Caregivers' names: _____

Home Number: _____ Mobile/Work Number: _____

Email Address: _____

Street Address: _____

Alternate contact person: _____ Phone Number: _____

Anyone legally NOT allowed contact with your child(ren): _____

The Anglican Diocese of North West Australia, its officers, employees and volunteers will take the utmost care of your child(ren) whilst taking part in this activity. However, by signing this form, you recognize that the church is not a registered child-care facility thus children remain the responsibility of their parents/caregivers at all times whilst taking part in any church related activities. You also understand that each child needs to be signed out by a parent/caregiver at the conclusion of each activity.

Signature _____ Date _____ Registered by: _____

<NAME OF ACTIVITY> REGISTRATION FORM

Name: _____

Date of Birth: _____ School Year: _____

Parent(s) Guardian name: _____

Address: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Church Affiliation (if any): _____

Does your child have any allergies or disabilities (including learning difficulties i.e. reading)? Yes/No

If yes, please specify: _____

How would you like us to handle this issue? _____

Is there anyone legally prohibited from seeing your child? Yes No

If yes, please specify: _____

Any other relevant information: _____

There will be times where we will photograph/video children to promote the ministry here. We would like your permission for your child to be included in these photos/videos.

I _____ give permission for my child to be photographed/filmed.

Signature: _____

Date: ____/____/____

Please note: your child's registration won't be confirmed until their fees are received.