

# Diabetes Camps Victoria

## 2010 Health Professional Application

*Diabetes Camps Victoria (DCV) camping program is a unique experience for campers, parents and volunteers. DCV Health Professional Staff must be available for the entire duration of the camping program. Also be available for the pre-camp training day (this includes pump training & camp specific training), date TBC.*

*Payment: All Health Professionals will be paid a daily honorarium by DCV for the duration of the camp. A Working with Children's Check is required and staff will be reimbursed for the cost of their application.*

<b>Camp preference:</b> <i>Please select 2 camps in preference.</i>	<input type="checkbox"/>	<b>Junior Camp</b> (grade 5-7, ages 10 – 12 yrs)	<input type="checkbox"/>	<b>Senior Camp</b> (grade 8-9, ages 13 -14 yrs)
	Dates: 9-14 January 2010 Venue: Anglesea Recreation Camp		Dates: Sept School Holidays 2010 (TBC) Venue: Mt Buller Ski Lodge	
	<input type="checkbox"/>	<b>Teenage Camp</b> (grade 10-12, ages 15 -17 yrs)	<input type="checkbox"/>	<b>Autumn Camp</b> (grade 3-4, ages 8 & 9yrs)
	Dates: 16-21 January 2010 Venue: Held in tents, Halls Gap,		Dates: 7-11 April 2010 Venue: Arrabri Lodge Warburton East	
	<input type="checkbox"/>	<b>Family Camp</b> (child with diabetes, age 4-9yrs)		
	June Long Weekend 11 <sup>th</sup> -14 <sup>th</sup> Lady Northcote YMCA			

**APPLYING FOR: (please tick)**

<input type="checkbox"/>	Camp Diabetes Nurse Educator / Student DNE
<input type="checkbox"/>	Dietitian / Dietitian Assistant
<input type="checkbox"/>	Medical Officer

I am able to attend and participate in Diabetes Camps Victoria Training Day (date TBC)	Yes	No
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Name:			
Term			
Address:			
		Postcode:	
Home Mailing			
Address:			
		Postcode:	

## Diabetes Camps Victoria

Work number:	Home Number:	Mobile Number:
Email Address:		
Working with Children Check:	Yes	No
	If yes, number:	
Current Employer:		
Qualifications:		

1.	How long have you worked as a diabetes educator (RN)/ Dietician/ Doctor?									
2.	What would you rate your level of experience with insulin pumps? (1 being no experience and 5 being proficient)									
	1	2	3	4	5					
3.	Do you work with children with type 1 diabetes?									
	Yes/No									
4.	Have you ever been to a diabetes camp as a health professional?									
	Yes/No									
5.	On a scale of 1-10, what is your day to day experience with type 1 diabetes? 1 being never encountered a person with type 1 and 10 being am dealing with people on a regular basis and have an excellent understanding									
	1	2	3	4	5	6	7	8	9	10

Previous diabetes education experience: (Please write most recent first):

Drivers Licence Level: <i>Please circle</i>	Full	Bus	Other
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<b>Professional Reference: Must be an employer</b>	
Name of Reference:	
Relationship to you:	
Contact Numbers:	Work ( )                      Mobile( )

# Diabetes Camps Victoria

**The following questions are essential to ensure personal safety on camps**

Do you have a medical/health condition that DCV need to be aware of?	
Briefly describe:	

**Do you suffer from the following? Please tick:**

	Yes	No	Control/Medication Taken
Asthma ( <b><i>Attach plan</i></b> )			
Coeliac Disease			
Diabetes (specify)			
Epilepsy/Fits			
Heart Condition			
Anaphylaxis ( <b><i>Attach plan</i></b> )			
Allergies			
Other			

Are you an Ambulance Member?	Yes	No
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Emergency Contact:			
Relationship:			
Home number:	Work number:	Mobile Number:	
Email Address:			
Other info:			

**Privacy Statement** – All volunteers agree not to disclose any personal and private information to any other party without the express permission of the person with diabetes, their family and/or relevant parties (including cares, health professionals and others) and the Executive Committee of the Children and Adolescent Diabetes Recreation Coordinator. Permission may also need to be granted by the Commonwealth Government in some instances.

Please note that applications for the 2010 camps close September 1<sup>st</sup> 2009