

SCIENTIA CHALLENGE RESIDENTIAL APPLICATION FORM



Gifted Education Research,
Resource and Information Centre

Please find following my Residential Application Form for JANUARY or JULY with completed:

- Section 1: Activities and Payment details;
- Section 2: Indemnity authorisation;
- Section 3: Medical details and;
- Attached: Scientia Challenge Workshop Application Form (including payment)
- Flight Information Form (ONLY if student is flying to Sydney)

Helpful Tips:

- **Do not** book flights or arrange travel until you have been accepted on the program.
- Keep a copy for your own reference. Staple all forms together before posting.

Student's Full Name _____

Parent/Carer _____

Email _____

Address _____

P/code _____

Contact Numbers (w) _____

(h) _____ (mobile) _____

SECTION 1: SCIENTIA CHALLENGE RESIDENTIAL ACTIVITIES

Please select & number activities in order of preference (1-4) for the Thursday evening activity

- Movies at the Ritz Cinema: \$9.00
- Bowling: \$22.00
- Visit to City and Harbour area: \$10.00
- Campus Activities: Free

Please attach a cheque or credit card details for the activity. Make cheques payable to "UNSW".

Credit Card Payment

Please debit my: Visa or Mastercard

For amount \$ _____ .00

Card Holder's Name: _____

Card Number: _____ | _____ | _____ | _____

Expiry Date: _____ / _____

Signature: _____

SECTION 2: INDEMNITY FORM FOR THE SCIENTIA CHALLENGE RESIDENTIAL

Waiver and Release of Liability

Students attending the Scientia Challenge Residential Program have the opportunity of participating in an activity on the **Thursday evening**. All activities are supervised by the Residential Leaders (RLs) and in some cases, by specialised activity staff.

Please complete the waiver/release of liability indicating they understand the nature of the activity and give permission for the student to participate.

Waiver and Indemnity: In the event of an injury or illness, I give approval for any necessary medical treatment carried out by a legally qualified medical practitioner (including transport via Ambulance). Should this be necessary, I understand that I will be notified as soon as possible. As parent/guardian, I attest and verify that I have had the opportunity to be fully informed of the risks involved in my child's participation in this Residential Program, I have satisfied myself as to those risks and that my child has no physical or mental condition which has the potential to put him/her or any other person at risk during the excursion other than those (if any) which I have described below [please outline any such physical or mental condition in the space provided]. I (and my executors, administrators, successors and assigns):

- a) waive, release and discharge the University of New South Wales and their paid and unpaid staff and agents - from any and all actions, proceedings, claims, demands, losses, damages, costs and expenses however occurring that arise from or in connection with my or my child's involvement in the excursion.
- b) indemnify and hold harmless the entities or persons referred to in clause (a) from any and all liabilities, claims or actions whatever and however caused arising as a result of or in connection with, directly or indirectly, my and my child's participation and involvement in the Residential Program.

Parent/guardian's signature: _____

Print parent/guardian's name: _____

Date: _____ / _____ / _____



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SECTION 3: MEDICAL AND SPECIAL REQUIREMENTS FORM FOR THE SCIENTIA CHALLENGE RESIDENTIAL

Student's Full Name _____

Date of Birth _____

Preferred Name _____

School _____

Year Level _____

Medicare Number _____

Parent/Carer _____

Email _____

Address _____

P/code _____

Contact Numbers (w) _____

(h) _____ (mobile) _____

Emergency Contact

Name _____

Relationship _____

Contact _____

Student's Doctor

Name _____

Contact _____

Private Health Fund

Name _____

Membership Number _____

Ambulance Yes No

Parents are responsible for ambulance costs outside their home state.

Please tick if your child suffers any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sunscreen Sensitivity | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Reaction to Drugs | <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sight/Hearing Problems |

Allergies (please specify) _____

If you have ticked any of the boxes above, an **Emergency Treatment Plan** must be provided. Consult your family doctor.

N.B. Without an Emergency Treatment Plan, Residential staff can only provide first aid treatment.

Date of Last Tetanus Injection _____ / _____ / _____

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury in the last 4 weeks?

Yes No

If YES, please state nature of illness/injury & obtain a report from the doctor that the student is fit to participate in this residential.

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc.

The Scientia Residential Manager must be informed about any medication prior to the Residential. In all cases, medication must be labeled with the student's name, dosage and frequency of administration and given to the Scientia Residential Manager.

I consent to my child receiving paracetamol for temporary pain relief.

Yes No

Are you aware of any physical or psychological difficulties or limitations experienced by your child? Yes No

If YES, please give details.

Is there any other information that you believe may help us to provide the best possible care? Yes No

If YES, please give details.

Consent to Medical Attention

In the case of my child requiring medical treatment, or in the case of a medical emergency, I consent to GERRIC Residential staff providing first aid or treatment as outlined in an emergency treatment plan and I further authorise GERRIC Residential staff, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Parent/Carer Signature _____

Date _____ / _____ / _____

Please post all forms to:

Scientia Challenge Residential Program
GERRIC, UNSW
UNSW NSW 2052