

ARTS IN ACTION VISUAL ARTS CAMP

30 August 2017 – 1 September 2017

INFORMATION FOR STUDENTS

This **three-day residential** camp provides participants with an opportunity to develop their artmaking skills under the guidance of professional, experienced artists and Visual Arts teachers.

At the camp, emphasis is placed on Artist Practice and students will produce works that are an extension of school-based artmaking.

Dates: 30 August 2017 – 1 September 2017

Venue: Blue Gum Lodge, Springwood
6 Fels Avenue, Springwood NSW 2777

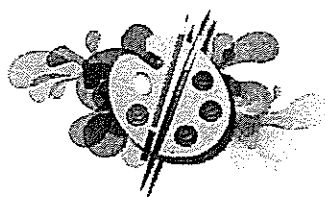
Cost: \$270 (Includes cost of two nights' accommodation, food, tutors and materials.)

Eligibility: Students from Years 7-10 (Gifted and Talented Visual Arts students).

Application Forms: Interested students need to complete the Student Application, Dietary Requirements, Student Behaviour Agreement and Permission forms.

All completed forms must be send via email to Kim Hebblewhite at kim.smith76@det.nsw.edu.au by 2 June 2017.

Please note that numbers for the workshop are limited and therefore not all students who apply will be offered a place to attend.



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TEACHER INFORMATION

Applications are invited from students in Years 7-10 interested in attending the 2017 Arts in Action Visual Arts Camp on 30 August 2017 to 1 September 2017.

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At the camp, emphasis is placed on Artist Practice and students will produce works that are an extension of school-based artmaking.

CAMP DETAILS

Workshop for Stages 4 and 5 (Years 7-10) Gifted and Talented Visual Arts students

Date: 30 August 2017 to 1 September 2017

Venue: Blue Gum Lodge, Springwood 2777

<http://youthworksoutdoors.net/location/blue-gum-lodge/- .Vtdqj9BeibI>

Arrival time: 8:30am, 30 August 2017

Departure time: 2:30pm, 1 September 2017

Cost: \$270 (Includes cost of two nights' accommodation, food, tutors and materials.)

The closing date for applications is 2 June 2017.

Thank you for bringing this to the attention of interested students.

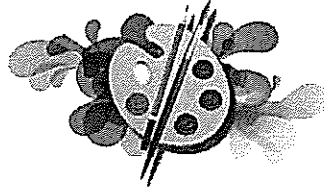
For further information, please contact:

Kim Hebblewhite

Camp Coordinator

Phone: (02) 4579 6800 or 0405 144 109

Email: kim.smith76@det.nsw.edu.au



ARTS IN ACTION VISUAL ARTS CAMP

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STUDENT APPLICATION FORM

To be completed by the Parent/Guardian

Student name: _____
First name Last name

Gender: (Please circle) M/ F Age: _____ Year: (Please circle) 7 8 9 10

Street address: _____ Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Parent email: _____

Parent/Guardian's name: _____

Signature: _____ Date: _____

To be completed by the School

School name: _____

Nominating teacher: _____

Teacher email: _____

Signature of teacher: _____ Date: _____

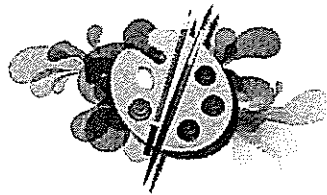
Name of principal: _____

Signature of principal: _____ Date: _____

This form is due 2 June 2017

Please email to Kim Hebblewhite, Camp Coordinator

Email: kim.smith76@det.nsw.edu.au



ARTS IN ACTION VISUAL ARTS CAMP

30 August 2017 – 1 September 2017

INFORMATION FOR STUDENTS

IMPORTANT DATES

2 June 2017:	Application, Medical, Dietary Requirements, Student Behaviour Agreement and Permission forms due to kim.smith76@det.nsw.edu.au
23 June 2017:	Notification of acceptance and further details emailed to schools
21 July 2017:	Full payment due

PAYMENT

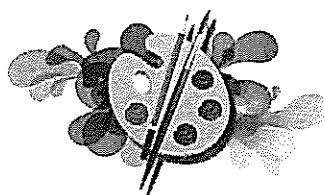
Following notification of acceptance, payment can be made by either cheque or money order \$270. School cheques, personal cheques or money orders must be made payable to:

Hawkesbury High School
c/- Kim Hebblewhite
Camp Coordinator
1 Hibberts Lane
Freemans Reach NSW 2756

Please PRINT child's name, school & phone number on back of all cheques and money orders.

For further information, please contact:

Kim Hebblewhite
Camp Coordinator
Email: kim.smith76@det.nsw.edu.au
Phone: (02) 4579 6800 or 0405 144 109



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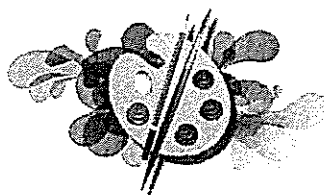
STUDENT PERMISSION FORM

- I give permission for my son/daughter _____ (full name), of Year _____ at _____ (school) _____ (date of birth) to attend the *Arts in Action Visual Arts Camp* at Blue Gum Lodge, Springwood from 30 August to 1 September, 2017 inclusive.
- I will drive my child to and from the camp, or if this is not possible, I will arrange for another parent to drive my child (I have included a permission letter, stating all details, with this form).
- I am also aware that I may be contacted to collect my son / daughter if he / she does not behave appropriately.
- I give permission for my son/daughter to receive medical attention if required.
- I give permission for my son/daughter to take part in recreational activities during break times.
- I give my permission for any still or video photographic material taken of my child to be used by the DoE in training or publicity, for teachers and schools.

Parent/Guardian's name _____

Signature: _____ Date: _____

- This form is due 2 June 2017
- Please email to Kim Hebblewhite, Camp Coordinator
- Email: kim.smith76@det.nsw.edu.au



ARTS IN ACTION VISUAL ARTS CAMP

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STUDENT BEHAVIOUR AGREEMENT

Students must:

- Comply with instructions given by teachers at all times
- Attend every session of the program and be prepared to actively participate and learn
- Maintain a neat appearance, including adhering to the requirements of the program's uniform, dress or costume requirements
- Behave safely, considerately and responsibly, including when travelling to and from the program
- Show respect at all times for the program coordinators, teachers and other staff, including tutors and helpers
- Follow the program's specific rules
- Speak courteously and cooperate with instructions and learning activities
- Treat other students and adults involved in the program with dignity and respect
- Care for property belonging to themselves, the venue and others and not interfere with other people's property without permission.

The DoE has a duty of care to all students, and provides a safe and secure learning environment for all of its students, including where the student is involved in an Arts program. Behaviour by a student that affects the safety of others, such as harassment, bullying, violence and illegal or anti-social behaviour of any kind will not be tolerated. This includes but is not limited to smoking, consumption of alcohol and possession or use of illegal drugs.

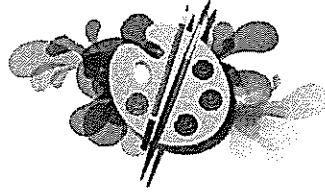
If a student's misbehaviour is serious or repeated, the student may lose his/her place in the program. If the student is removed from the program, no refund will be given.

Student Name: _____ Student Signature: _____

Parent/Guardian Name : _____

Parent/Guardian Signature: _____ Date: _____

This form is due 2 June 2017
Please email to Kim Hebblewhite, Camp Coordinator
Email: kim.smith76@det.nsw.edu.au



ARTS IN ACTION VISUAL ARTS CAMP

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STUDENT MEDICAL INFORMATION

Student Name: _____ Year: (Please circle) 7 8 9 10
First name Last name

School: _____

Medicare No: _____

Private Health Insurance: _____

EMERGENCY CONTACTS:

Name (relationship): _____

Phone 1: _____ Phone 2: _____

Name (relationship): _____

Phone 1: _____ Phone 2: _____

MEDICAL CONDITION(S):

MEDICATION (Please list):

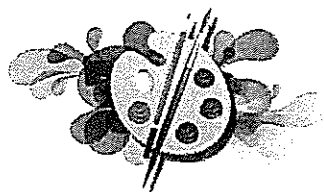
All medications need to be labelled and placed in a plastic snap bag with name, dosage and times clearly indicated on the outside of the bag.

Please attach any additional information to this form

Parent/Guardian's name _____

Signature: _____ Date: _____

This form is due 2 June 2017
Please email to Kim Hebblewhite, Camp Coordinator
Email: kim.smith76@det.nsw.edu.au



ARTS IN ACTION

VISUAL ARTS CAMP

STUDENT DIETARY REQUIREMENTS

Student Name: _____

First name Last name

Dietary requirements outside of these standards are unfortunately unable to be accommodated. Any persons with dietary requirements outside these standards will be required to supply all their own catering needs. Please indicate dietary needs with a tick or a comment (please mark as N/A if not applicable – do not leave blank).

Diet	Tick	Comments	Further Information
Vegetarian		No Meat, No Fish	
Vegan		No Animal Products	
Coeliac (Gluten Free)		No Grains products or grain derivatives (except for Rice and Maize)	
Wheat Free		No Wheat, Wheat products or Wheat derivatives	
Lactose Intolerant		No Milk, Milk products or Milk derivatives	
No Nuts / Allergy		Anaphylactic responses and allergies to certain foods and additives	
Diabetic		Low GI Diet	
Wheat Free/Lactose Intolerant		No Wheat, Wheat products or Wheat derivatives & No Milk, Milk products or Milk derivatives	
Coeliac/ Lactose Intolerant		No Grains products or grain derivatives (except for Rice and Maize) & No Milk, Milk products or Milk derivatives	
Anti Candida		No Moulds, Fungi or Tomatoes	
No Sugar		No Sugar, Sugar products or Sugar derivatives	

Parent/Guardian's name _____

Signature: _____ Date: _____

This form is due 2 June 2017

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