



22nd May 2011

INFORMATION ABOUT CAMP LEADER TRAINING COURSE – ПРОВАДЖЕННЯ СХОДИН УПЮ І УПН

This Vyshkil has been designed for current and future УПЮ and УПН leaders and covers the theoretical component of training for I-ий ступінь Кадра Виховника УПЮ і УПН, half of which was covered in Bendigo, 2010. This Vyshkil will cover running of meetings (*проведення сходин*) for УПЮ and УПН.

Participants

УСП and УПЮ (around 16 years and older)

Dates and location

1 July 2011 to 3 July 2011

Lyrebird Park 510 Beenak Road, Yellingbo, Victoria, 3139.

Course Description

The KPS vyshkil, under the banner of the Krajovyj Referent Vychovnytstvo, will be run by the organising committee headed by Adrian Magalas (УПЮ) and Paul Buczma (УПН). Sessions of the course will be delivered by more experienced vychovnyky from Melbourne, Sydney and Canberra.

Our aim for participants is to:

- Gain practical experience in planning and running activities for УПЮ and УПН.
- Leave with resources to use in activities during the year in their roji/hurky.
- Discover their strengths and weaknesses as leaders.

The weekend will be run in a format that reflects either a novak/chka or unak/chka progressing through the program of their respective ulady. Sessions will involve hands on planning and running skhodyny facilitated by more experienced vychovnyky. The vyshkil program for УПЮ and УПН leaders will run concurrently, however some 'information transfer' sessions will involve participants from both courses. The covered material will fulfill the requirements as prescribed in the Plast Training Manual.

Arrival and departure (including interstate participants)

Arrival:	9:00pm	–	Friday evening
	10:30pm	–	Official Opening, introductory talk, meet and greet
Departure:	4:30pm	–	Sunday afternoon

Lyrebird Park is approximately 2.5 hours drive from Tullamarine airport.

Cost

\$80 per participant for the course

\$40 for instructors and who already have KB



ПЛАСТ ОРГАНІЗАЦІЯ УКРАЇНСЬКОЇ МОЛОДІ В АВСТРАЛІЇ
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Applications for course

The following forms and details must be forwarded to Adrian Magalas via email (preferred) or snail mail (postal and e-mail address is included in the footnote) by **no later than 10 June 2011:**

- Application Form
- Medical Information Form (and management forms as required)
- Payment for the course by cheque made out to *Plast Federal Executive - KPS Vyshkoly* OR by electronic funds transfer to:

Main Account – Plast Federal Executive

Dnister BSB: 704 235

KPS Vyshkoly sub-account: 00013925

You must include your SURNAME in the reference section.

- Whether you require a lift to Lyrebird Park

Accommodation

All participants and course leaders will be sleeping in dormitories.

Gear

- Full uniform
- Sleeping bag
- Warm clothing!!
- Songbook, musical instruments
- УПН правилник (for those who received a hard copy last year)
- УПЮ довідник
- Notepaper and pens
- Laptop (if you have one and are happy to bring it along to reduce the need for printing)
- УПЮ/УПН course record from previous vyshkoly so they can be signed and updated

Preparation for Vyshkil

In preparation we ask that you review the reading material that will be sent out in a couple of week's time.

Any further queries can be directed to Adrian Magalas (УПЮ) or Paul Buczma (УПН).

СКОБ!

за Організаційний Комітет Вишколу
ст. пл-и Адріян Магальяс ЧМ і Павло Бучма



ПЛАСТ ОРГАНІЗАЦІЯ УКРАЇНСЬКОЇ МОЛОДІ В АВСТРАЛІЇ
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ЗГОЛОШЕННЯ НА ВИШКІЛ ПРОВАДЖЕННЯ СХОДИН УПЮ І УПН

І-ий ступінь Кадри Виховників (1а) липень 2011

Ім'я і прізвище: (укр)

Name Surname: (eng)

Адреса:

Дата народження:

Тел: e-mail:

Станиця: Мельборн / Аделаїда / Сідней / Брізбен / Канберра

Улад: УПЮ / УСП **Проба в УПЮ:**

Твоя особиста мета (Your individual aims):

a) *What do you wish to get out of this weekend ?*

.....
.....
.....
.....
.....

Зголошення:

Оцим зголошуюся на вишкіл: УПН УПЮ

Прошу зазначити котрий вишкіл ти бажаєш відбуту. (Circle which training course you wish to attend)

Підпис кандидата: Дата:

Рекомендація станичного проводу: (зв'язкового/станичного)

.....

Діловод: Підпис: Дата:

Vyshkil 2011 Medical Information Form

All information provided is held in confidence and only used for the purpose of providing appropriate care in the case of a medical emergency.

If any of the information provided changes please inform Adrian Magalas (ΥΠΙΟ) or Paul Buczma (ΥΠΗ) as soon as possible as a lack of information or outdated information may compromise treatment and put health at risk.

Personal Details

Participant's full name: _____

Date of Birth: _____ Age: _____

Parent/Guardian's full name (if in UPY): _____

Address: _____

Tel: _____ Mob: _____

Medicare No: _____ Expiry Date: _____ Ref No: _____

Medical/Hospital Insurance Fund: _____ Membership No: _____

Emergency Contact Details

Name: _____ Relationship: _____

Tel: _____ Mob: _____

Family Doctor Details

Name: _____ Tel: _____

Address: _____

Medical History

Please indicate if you suffer any of the following:

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel sickness |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Other*, please specify: _____ | | |

Allergies* to:

- | | | | |
|-------------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs | <input type="checkbox"/> Food(s) | <input type="checkbox"/> Other allergies |
|-------------------------------------|--------------------------------------|----------------------------------|--|

Please specify: _____

Any special care or special food required, please specify: _____

****If you suffer from asthma, anaphylaxis or other conditions necessitating a management plan we require you to provide the appropriate management plan with this application. Asthma and anaphylaxis management plans are appended to this information pack or refer to the Plast website.***

Tetanus Immunisation: _____ Last tetanus immunization was: _____

Tablets and medications:

Are you currently taking tablets and/or other medicine? Yes No

If yes, please state name of medication, dosage etc. _____

Authorisation for Medical Treatment

In the event that the camp administration cannot contact me, or it is otherwise impracticable to contact me, I authorize the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner
- Administer such first aid as may be judged to be reasonably necessary

I understand that the costs associated with such treatment will be my responsibility

Parent/Guardian Name/Participant (if 18 or over): _____

Signature: _____

Date: _____

Use of Participant Images

I give do not give

permission for photographs or images of myself to be used without acknowledgement, remuneration or compensation in various Plast newsletters and promotional materials including but not limited to the Plast web site, newsletters, posters, magazine and newspaper articles.