



UR Retreat For Young Women

19th to 22nd September 2016

10 YEAR ANNIVERSARY

Participants Pack 2016



Fun Workshops & Activities, Inspirational Speakers
Make new friends & discover something new
BE BRAVE...Start UR Journey



'The Charity Changing Lives of Young People'



Create



Immerse



Empower



Celebrate

UR RETREAT BUTTERFLIES

About Bridge Builders

Bridge Builders is a not-for-profit youth organisation that aims to build resilience in young people and the communities of the Yarra Valley and the surrounding suburbs. We aim to develop their skills and assets through the various community events and projects that we design and deliver. E.g. 'UR Retreat', Business Breakfasts and Sk8rz Unleashed.

To create positive opportunities in our community where people can physically, emotionally and spiritually grow, enabling them to reach their full potential.

Vision Statement:

We aim to effect recovery, relief and restoration in the lives of young people and their families.

Mission Statement:

To create positive opportunities in our community where young people can physically, emotionally and spiritually grow, enabling them to reach their full given potential.

Our Culture:

☐
☐
☐
☐
☐

Love
Value
Acceptance
Belonging
Fun

☐
☐
☐
☐
☐

Learning
Health
Contributor
Young People
Standards

UR Retreat

'UR Retreat' has been designed into an awesome opportunity for young women across the Yarra Ranges, Maroondah City Council, Knox City Council and surrounding areas to participate in a four-day breakaway retreat, which will aim to achieve the following: **Create; Immerse; Empower; and Celebrate.**

The 'UR Retreat' will incorporate numerous workshops, guest speakers and activities that will aim to challenge, motivate, empower, explore, discover and celebrate their skills and talents as young women. Such workshops may include:

Art / Crafts and Games

Make-up and Hair Therapy

Relationship skills

Positive Body think / Self Esteem

Guest speakers, we will have many influential women from the community that will discuss their journey from a young woman to where they are now.

The Butterfly Concept

UR Retreat is using the Butterfly symbol as many cultures believe it is the symbol of change and transformation. The Butterfly concept has evolved from the caterpillar transforming into a beautiful Butterfly, in which we try to utilise this with the young women as they tend to find it hard to express themselves and utilise all of their potential to be the capable young woman they are. The concept for the UR Retreat Butterflies is to enable them to be comfortable with whom they are inside and out and to express themselves freely.

Why the UR Retreat?

With the great success of the previous UR Retreats we recognised a strong need for young women to have a safe, non-threatening and non-judgmental place to be able to explore and experience new and exciting activities without the pressure of being accompanied by boys. To give them an opportunity and place where they can enjoy just being themselves, celebrating who they are and having lots of fun.

Camp Details

Where: Camp Toolangi, 235 Spraggs Road Toolangi VIC

When: Monday 19th September to Thursday 22nd September 2016.

Cost: \$99.00 inc. GST

Payment Options:

- ☐ **Cash, or Cheque/Money** order made out to Bridge Builders Ltd
- ☐ **Credit Card**
- ☐ **Direct Transfer:**
Account Name: Bridge Builders Ltd
BSB: 633-000 Account Number: 117764258
Bank Name: Bendigo Bank Mt Evelyn
Reference: Retreat Daughters Name

Drop Off: 8.00am drop off for a 9.00am departure on Monday 19th September 2016 from Lillydale Lake, Swansea Road Lilydale 3140.

Pick Up: 5.00pm pick up from Lillydale Lake on Thursday 24th September 2015.

Contact Details:

Nat Haraida: UR Retreat Manager: 0421 177 570, nat@bridgebuilders.com.au

Bridge Builders Office: 03 9038 8818, bridgebuilders@bridgebuilders.com.au

Camp Toolangi: 03 5962 9219, info@camptoolangi.com.au

Bridge Builders UR Retreat Medication Dispensing Policy

Purpose

This policy addresses the organisation's obligation to dispense medication in order to reasonably facilitate the attendance of students to the UR Retreat with conditions requiring medication.

This policy acknowledges the duty of care owed by Bridge Builders Crew to the student, other students, Camp Co-ordinators or other people who access the UR Retreat.

The policy applies during the course of the UR Retreat 19th September to 22nd September 2016 inclusive.

Policy

Prescribed medication required by students must be administered to them as and when required whilst on the UR Retreat 19th September to 22nd September 2016 Bridge Builders Youth Organisation has developed clear policies and procedures in relation to the storage and dispensing of all medication. Suitably qualified Bridge Builders staff is responsible for collection, storage and administering of all medications. All UR Retreat team members should be made aware of students who:

- require ongoing medication; and
- may require immediate medication in specified emergency circumstances such as severe asthma, severe allergic reaction or hypoglycaemia.

Medication Dispensing

Prescribed medication is medication prescribed by a registered medical practitioner for a particular person for the treatment of a medical condition by a registered medical practitioner.

Procedures

General Guidelines

- 1.1 The Medical Officer or delegate is to be informed about students who require medication during the school day.
- 1.2 No medication should be given to a child without the written permission of a parent/guardian.
- 1.3 Parents should supply appropriate equipment for administration, for example, medication measures.
- 1.4 All medication should be in the container in which it was dispensed.
- 1.5 All medication must be clearly labelled with:
the child's name;
the drug's name;
the dosage and frequency to be given; and
the prescribing doctor's name.
- 1.6 All medicine stored on the camp premises must be kept in an appropriate, locked cupboard.
- 1.7 Provision should be made where practical, for staff to work in teams so that drugs are administered in the presence of another adult.
- 1.8 A record of all medication dispensed must be maintained. This should include: the date, time, student, substance administered, dosage amount and name of person administering the medication.
- 1.9 Supervision is to be arranged where a student self-administers medication. Eg asthma
- 1.10 Alternative arrangements may involve parents/guardians if suitable staff is not available to administer the medication.

Packing Checklist

Bedding		Clothing	
1 X pillow with pillowcase		Jumper X 2	
1 X sleeping bag or doona		Jacket X 1	
1 X fitted sheet		Long sleeve T-Shirt X 2	
		Short sleeve T-Shirt X 2	
Toiletries		Pants (leggings, jeans, etc) X 3	
Shampoo and conditioner		Trackie Pants x 1	
Hair Products		Pyjamas x 2	
Toothbrush and tooth paste		Underwear x 4	
Soap		Socks x 4	
Deodorant		Formal/Party Dress clothes (optional)	
Female Hygiene Products			
Thongs for shower		Equipment	
Towel		Comfortable Shoes	
Hair Straightener/Dryer		Torch with spare batteries	
Hot water bottle			

Please Note:

- This camp is **SMOKE, DRUG AND ALCOHOL FREE**.
- We plan to have a dress up day and/or night for some extra fun! So please feel free to bring some clothes to dress up in.
- Toolangi will be quite chilly so please make sure you have enough warm clothes.
- If you do not have any of the following items, please inform us and we will do our best to assist you.
- There is **NO** requirement or need to have any money on camp.
- Bridge Builders requests that you do **NOT** bring any items of value such as, iPods, expensive jewellery, money and mobile phones, etc.
If you wish to bring these items, **you will do so at your own risk.**
Bridge Builders will **NOT** be liable for any damage or loss.

UR RETREAT BUTTERFLY PERMISSION FORMS

**This section needs to be filled out and returned to
Bridge Builders Retreat Team.**

Dear Parents/Guardians,

We are pleased to announce your daughter has been invited to attend the 2016 UR Retreat. Please read the following information carefully, then sign and return to the school wellbeing co-ordinator and/or Bridge Builders UR Retreat Team by **Friday the 2nd of September 2016**.

Please note your daughter **will not** be able to attend the UR Retreat without all forms completed and signed.

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Cost: \$99.00 inc. GST.

Payment Options: Cash, Credit Card, Direct Transfer or Cheque/Money order made out to Bridge Builders Ltd.

Drop Off: 8.00am for a 9.00am departure on Monday 19th September 2016 from Lillydale Lake, Swansea Road Lillydale VIC 3140.

Pick Up: 5.00pm from on Thursday 22nd September 2016 from Lillydale Lake.

Reply Slip

I hereby give permission for my daughter to attend the 2016 UR Retreat as outlined above. In the event of illness or accident I authorise the leader in charge of the event to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical procedures as may be deemed necessary, and accept any responsibilities for payment of any expenses thus incurring.

Daughter's Name: _____

Date: _____

Parents Signature: _____

Contact Number: _____

Payment of: \$ **99.00**

Payment Options:

☐ **Cash, or Cheque/Money** order made out to Bridge Builders Ltd

☐ **Credit Card:**

Name on Card: _____

Card Number: _____ / _____ / _____

Expiry Date: ____ / ____ CVV: _____

☐ **Direct Transfer/EFT:**

Account Name: Bridge Builders Ltd

BSB: 633-000 Account Number: 117764258

Bank Name: Bendigo Bank Mt Evelyn

Reference: Retreat Daughters Name

Participant Code of Conduct Agreement

I, _____ (Daughters name)

1. Will behave in an appropriate manner at all times.
2. Will not damage Retreat and other participant's equipment wilfully.
3. Take full responsibility for payment of any damages to property I have wilfully damaged or through negligence.
4. Co-operate entirely with Leaders at all times.
5. Will not smoke, drink alcohol or use drugs at any time on the Retreat.
6. Will not use or take other participant's or Leaders property without permission.
7. Will inform Leaders of my whereabouts at all times.
8. Will not separate myself from the group.
9. Will do my duties at the Retreat as told by the Retreat Leaders.
10. Will dispose of my rubbish only at the proper places provided.

Agree with the above conditions and understand that I will be returned home at any time if I do not follow these rules and cover payment for the return home and any damages incurred.

Daughters Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

UR Retreat Camp Consent

- I hereby, give permission for daughter to attend the UR Retreat, which incurs travel on a bus. If for any chance I need to be escorted at any time I give my permission for her to travel by car with an Authorised Retreat Leader.
- I hereby, acknowledge that my daughter if needed at the Retreat to able seek professional support or guidance from a professional such as a counsellor, youth worker and/or etc.
- I hereby, understand that my daughter may be photographed, filmed and/or approached by media representation and by Bridge Builders Retreat Team during and after the UR Retreat. I understand any media released by Bridge Builders and/or by affiliated media representation may be used for current and future promotional purposes.
- I hereby, give permission for daughter to be able to view an M rated film, selected by the Bridge Builders Retreat Team while attending the 'UR Retreat'.
- I authorise the Leader in charge to obtain or administer such medical or surgical treatment as deemed necessary by a medical practitioner.
- I authorise the Leader in charge to administer such first-aid as deemed necessary.
- I authorise the Leader in charge to administer the correct recommended dose of paracetamol, panadol as required for minor ailments such as a headache etc.
- I have provided Bridge Builders Youth Organisation all relevant details of my child's medical or physical needs on application to the UR Retreat and where relevant have updated this information.

Parents/Guardians Signature: _____

Date: _____

Parent Checklist (please fill out all sections, all information is required).

DAUGHTERS NAME: _____ BIRTH DATE: _____

PARENTS NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ PARENTS MOBILE: _____

FAMILY DOCTOR: _____ CONTACT NO: _____

MEDICARE No: _____

Ambulance Cover: _____

MEDICATIONS REQ: (PLEASE INCLUDE ALL MEDICATION: E.G. HAYEVER, ASTHMA, COLD & FLU)

If require more space for writing medication, please record and attach on separate A4 paper.

MORNING	LUNCHTIME	BEDTIME
.....
.....
.....
.....

SPECIAL NEEDS:

Food Allergies: **Yes** ☐ **No** ☐

Provide Details: _____

Other Allergies: **Yes** ☐ **No** ☐

Provide Details: _____

Personal Care Needs: **Yes** ☐ **No** ☐

Provide Details: _____

Provide Details: _____

ALL DOCUMENTATION COMPLETE YES / NO

Parents/Guardians Signature: _____