



ІНФОРМАЦІЇ ПРО ВИШКІЛ ВИХОВНИКІВ УПН і УПУ, 2015-16

1. Що є Пластовий вишкіл? *What is a plastovij vyshkil?*

A plastovij vyshkil is a training program in which participants gain a better understanding of Plast, what role they want to play within Plast and begin developing the skills, motivation and resources required to take on that role. Vyshkoly are usually a mix of practical activities, games and theory.

2. Про вишкіл в Австралії 2015-16рр. *About vyshkil 2015-16 (Australia)*

Part	Dates	Location	Main topics
<i>Part I</i>	<i>2pm Fri, 2 Oct 2015 – 4pm Sun, 4 Oct 2015</i>	<i>Sokil, Victoria</i>	<ul style="list-style-type: none"> <i>Practical plastuvanja</i> <i>Plast aims, ideals, methods</i>
Part II	Arrival at Sokil: Friday 8pm, 1 July 2016 Departure from Sokil: Sunday 4pm, 3 July 2016	Sokil, Victoria	<ul style="list-style-type: none"> Plast program Planning UPN and UPY activities

It's time for **Part II** of our 2015-16 vyshkil program! #ВжеЧас #votevyshkil

This time we will be focusing on the syllabus and activities for novatstvo and yunatstvo to develop our understanding of how we learn and teach in Plast. We will put this knowledge into practice by planning activities for yunatstvo and novatstvo that are fun, safe and memorable.

We'll be staying in the kolyby, cooking in the kitchen and keeping warm with a vatra each night.

3. Результат *Outcomes*

Participants who complete the full theoretical course and have the required practical experience will be eligible to be awarded the Certificate of First Level Group Leader UPY or UPN and respective badge (*Кадра Виховників I*).

4. Кошт (перший етап) *Cost (Part II)*

- Total \$40 (\$20 per day)

5. Транспорт *Transport*

- Interstate participants:* subsidies are available for your airfares; please contact Pavlo for more information (pavbuczma@hotmail.com; 0400681021). Сокіл is 1 hour drive from Avalon airport or 1 hour 40 minute drive from Tullamarine airport. Please provide your flight details to Pavlo to arrange your transfer to Sokil.
- Victorian participants:* Please indicate whether you require or are able to assist with carpooling on your application form.

6. Виряд **Equipment**

- | | |
|--|---|
| <input type="checkbox"/> Plast uniform | <input type="checkbox"/> Notepad, pens, pencils |
| <input type="checkbox"/> Sleeping bag, pillow slip, bed sheet, torch | <input type="checkbox"/> Songbook, instrument |
| <input type="checkbox"/> Warm clothes, beanie | <input type="checkbox"/> Sun protection |
| <input type="checkbox"/> Eating utensils, tea towel, water bottle | <input type="checkbox"/> Watch |
| <input type="checkbox"/> Toiletries, towel | <input type="checkbox"/> Raincoat |

7. Підготовка до вишколу **Preparation for vyshkil**

- a) Ensure you have a full Plast Uniform: <http://www.plast.org.ua/about/means/uniform/>

8. Реєстрація **Registration**

Please submit a completed **Application Form** and **Medical Information Form** to Pavlo (pavbuczma@hotmail.com) by **Friday 10th June 2016**. **For those flying, airfares need to be booked as soon as possible**. Please also transfer the \$40 registration fee to the following bank account and state the date of your EFT in your Application Form.

Account Name: Plast KPS Vyshkoly
Account Number: 00013925
BSB: 704 235
Reference: *InitialSurname* Vysh2 2016

До зустрічі на Вишкочі! СКОБ!

ст. пл. Павло Бучма

Реф Вих Діяльності (К.П.С.)

ЗГОЛОШЕННЯ НА ВИШКІЛ ВИХОВНИКІВ УПЮ І УПН

Другий Етап, липень 2016

Personal details

Ім'я і прізвище (укр)			
Ім'я і прізвище (анг)			
Дата народження		Вік	
Адреса			
Тел			
Email			
Name on Facebook			

Transport

Getting to vyshkil	<input type="checkbox"/> <i>I require a lift</i>	<input type="checkbox"/> <i>I can offer a lift for ____ people</i>	<input type="checkbox"/> <i>Neither</i>
Returning from vyshkil	<input type="checkbox"/> <i>I require a lift</i>	<input type="checkbox"/> <i>I can offer a lift for ____ people</i>	<input type="checkbox"/> <i>Neither</i>

Payment

<p>Please transfer \$40 to the account listed in Section 8 of information sheet. Note the following here:</p> <p><input type="checkbox"/> <i>Date of transfer</i> _____</p> <p><input type="checkbox"/> <i>Your reference/description for the payment</i> _____</p>

Please read the following terms and conditions before signing the form at the bottom of the page. Your signature will be considered an acceptance of all these terms and conditions.

Plast Data Collection Policy

Plast collects a range of information for the purpose of planning and conducting scouting and youth activities and events for participants in Plast programs. It will be disclosed as appropriate to those planning and conducting activities only. Please assist us by informing us of changes to this information as soon as possible. All information will be kept securely and may be accessed upon request.

Authority of Camp Commandant and Camp Committee

I/We understand that the camp is conducted under the authority of the Federal Plast Executive and its appointed camp (vyshkil) committee. I/We accept that the camp commandant may make rules for the safe conduct of the camp (vyshkil) and that all camp participant and attendees will be required to follow those rules.

Acceptable Behaviour

I/We acknowledge that acceptable standards of behaviour will be expected of all camp participants and attendees. I/We understand that in the event of my/our child/children serious misbehaviour during the camp or any camp activities, they may be sent home. I further understand that in such circumstances I/we will be informed and that any costs associated with their return will be my/our responsibility.

Authorisation for Medical Treatment

In the event that the camp administration cannot contact me/us, or it is otherwise impracticable to contact me/us, I/we 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/We understand that the costs associated with such treatment will be my/our responsibility.

Travel

I/We give consent for my/our child/children to travel by bus and private vehicle for the purpose of attending camp activities outside the camp grounds.

Use of Participant Images

I/We give
 do not give

permission for photographs or images of the people registered on this form to be used without acknowledgement, remuneration or compensation in various Plast newsletters and promotional materials including but not limited to the Plast website, newsletters, posters, magazine and newspaper articles.

Parental Consent

I/We have read all of the information provided by Plast in relation to camp (vyshkil) including all of the attached material. My/Our signature(s) below indicates my/our acceptance of all of the terms and conditions associated with camp (vyshkil) and my/our permission for me (if over 18 years) or my/our child/children to attend:

Parent / Guardian / Participant (if over 18 years)

Name		
Signature		
Date		

VYSHKIL 2016 MEDICAL INFORMATION FORM

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

Personal Details

Full name					
Date of birth		Age			
Home address					
Email address					
Telephone number(s)					
Medicare Number		Reference		Expiry	
Private health insurer		Membership number			
Parent/Guardian's full name (if in UPY)					

Emergency Contact Details

Name		Relationship	
Telephone number(s)			
Email			

Family Doctor Details

Name		Telephone	
Address			

Medical History

Please indicate if you suffer from any of the following:

- Asthma Blackouts Diabetes Dizzy spells
 Fits of any type Heart condition Migraine Travel sickness
 Other, please specify: _____

if you suffer from asthma or anaphylaxis we require your doctor to fill out a management plan which can be found on www.plast.org.au

Please indicate if you have **allergies** to any of the following:

- Penicillin Other drugs Any food Other allergies

Please specify: _____

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

Tetanus Immunisation:

Last tetanus immunization was: _____

If over 10 years since last immunization, please tick if booster will be arranged before vyshkil.

Tablets and medications:

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

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

If you are in UPY (under 18), please hand your medication to the first aid leader on arrival, with your name, the dose to be taken and when it should be taken.

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 sole responsibility.

I will undertake to update this information, if necessary, prior to vyshkil.

Parent / Guardian / Participant (over 18 years)

Name	
Signature	
Date	