

BRIDGETOWN CAMP SCHOOL

Familiarisation Pack

**This document includes important information regarding
your camp including;**

What to expect on arrival

Duties and responsibilities

Evacuation Procedure

Insurance Documents

Compliance Statement

What to Bring lists for students



Fairbridge Camp School

Students and Supervisor Briefing Notes

Upon your arrival the Bridgetown Camp Coordinator will brief all visiting students and staff with a welcome/induction of the site, its facilities, evacuation strategies and assembly points. The briefing will include:

- Confirming teacher in charge contact details and number of students
- Confirming scheduled meal times and activities
- Explanation of kitchen duties and confirmation of dietary requirements and the name of the teacher responsible for these children
- Roles and responsibilities of students, supervisors and camp staff
- Location of equipment, facilities and services available (drink fountains, toilets etc)
- Dangers, safety/evacuation procedures and reporting incidents
- Standards of acceptable behavior
- After hours information

It is the teacher in Charge's responsibility to ensure all participants arriving late are briefed on the facilities, evacuation strategies and assembly points.

CONTACTS

- Bridgetown Camp Caretaker, Liz Jonas-Oliver - 0417961812
- Fairbridge Camps Manager, Jackson Merrett - 0421 002 912 (emergency only)

SECURITY

- Question anyone onsite who does not appear to belong.
- If you are leaving the site and there are no camp staff on site, please make sure all rooms are locked and lock gates if necessary.
- Drones are not to be used on site without prior written permission from Fairbridge CEO.

FIRST AID

- It is the teachers Duty of Care to provide and administer first aid to students.
- Groups are required to bring their own first aid kits and to ensure they have in date supplies.
- Medications can be stored in the camp fridges, however can only be administered by the teachers.
- All Fairbridge staff are trained in First Aid for emergency purposes only.
- A Defibrillator is installed on site, locations are explained on arrival. If in a locked box, please dial 000 to retrieve the code.
- Any incidents that occur on Fairbridge property must be reported to the Camp Coordinator, so an incident form can be completed.

DORMITORIES

- No food to be consumed in dorms.
- Dorms are to be clean and tidy at all times – make beds, put away clothes and vacuum floors.
- Turn off all lights, fans, air conditioners and hall lights when not in use.

MEAL TIMES

- **Please stick to your allocated meal time, unless organizer prior**
- Group meal times are confirmed prior to arrival and are scheduled around your activities itinerary or other groups who may be on site so please ensure you arrive on time.
- If you are off site and are running late for your scheduled meal please contact the Camp Coordinator.
- Students are required to set up the dining hall with tables and chairs, and pack these away after each meal.
- Teachers or Supervisors are required to serve the meal from Bain Marie to student plates. Please ensure gloves are worn at all times and only use the tongs provided for each food item to ensure no cross-contamination.
- Students are required to do their dishes after each meal time. An induction of the kitchen is done on arrival. A surcharge of \$3/per person is charged if you do not wish to do the dishes.

DIETARY REQUIREMENTS

- All Fairbridge kitchens are free of nut-based products, and can provide gluten free, lactose free, vegetarian and vegan alternatives.
- Fairbridge cannot guarantee complete allergen free meals as most of our products have the disclaimer of “*may contain traces of nuts, sulphate, dairy and gluten*” therefore **if there is a severe allergy, we highly recommend self-catering for the person affected.** Students who need to self-cater will not be charged for meals during their stay.
- All student and adult dietary needs must be reported on the Camp Catering Request Form and provided to the bookings coordinator 10 days prior to camp when confirming camp numbers.
- Schools must nominate a Teacher to be the ‘**Dietaries Supervisor**’. It is this teacher’s responsibility to ensure students with dietary requirements receives the correct meal.
- Students with dietary needs must approach the kitchen **FIRST** with the nominated Dietaries Supervisor, to ensure they receive the correct meal prior to other students being served.
- Teachers serving foods must wear gloves and only use the tongs provided for each food item to ensure no cross-contamination.
- All groups with serious allergies should have an emergency plan and are welcome to keep epi-pens and other medications in our kitchen if they feel necessary.

ACTIVITIES

- If participating in activities an itinerary will be provided prior to arrival.
- Activity times are carefully scheduled and times must be abided by.
- One teacher or supervisor is required for each activities group, for supervisory purposes.
- All water based activities require enclosed shoes (which will get wet), please ensure students bring 2 pairs – one for land, one for water.

GROUNDS

- Please respect the gardens and wildlife by sticking to designated paths and
- No walking through garden beds- use paths.
- No sitting on verandah rails, etc.
- No running on paths.

FAIRBRIDGE

- Shoes must be worn at all times.

DEPARTURE

- Departure time is 9am. In most cases you are welcome to stay on site past this time, we simply ask that the dorms are cleared out by 9am so the cleaners have access.
- Check all cupboards and under beds etc. for personal items
- Put any rubbish in the bin.
- Strip the sheet from the bed you slept in and place in a pile on the floor.
- Ensure you leave the Camp School pillow on the bed on top of the folded blanket at the aisle end of your bed.
- Vacuum the floor.

PLEASE report any **damage/ faults/ repairs** to the Camp Coordinator as soon as possible.

EVACUATION PROCEDURE

1. Camp School Coordinator or Nominated Representative will alert all persons onsite of emergency via loud hailer or alarm.
2. All staff, supervisors and students move to the Emergency Assembly Area via signed route in dorms. Students to be escorted by their allocated supervisor.
3. Teacher/supervisor to check that all are present and report anyone missing to the Camp School Coordinator.
4. Teacher/supervisors ensure everyone remains in assembly area and monitors wellbeing. Await further instruction from Coordinator.
5. Camp School Coordinator will organise a final check of all buildings, ensuring doors are closed upon exit.
6. Camp School Coordinator will monitor situation via all available means. If necessary, the group can move further away from danger to the oval.

Thank you for your cooperation

Jackson Merrett (Fairbridge Camp's Manager)

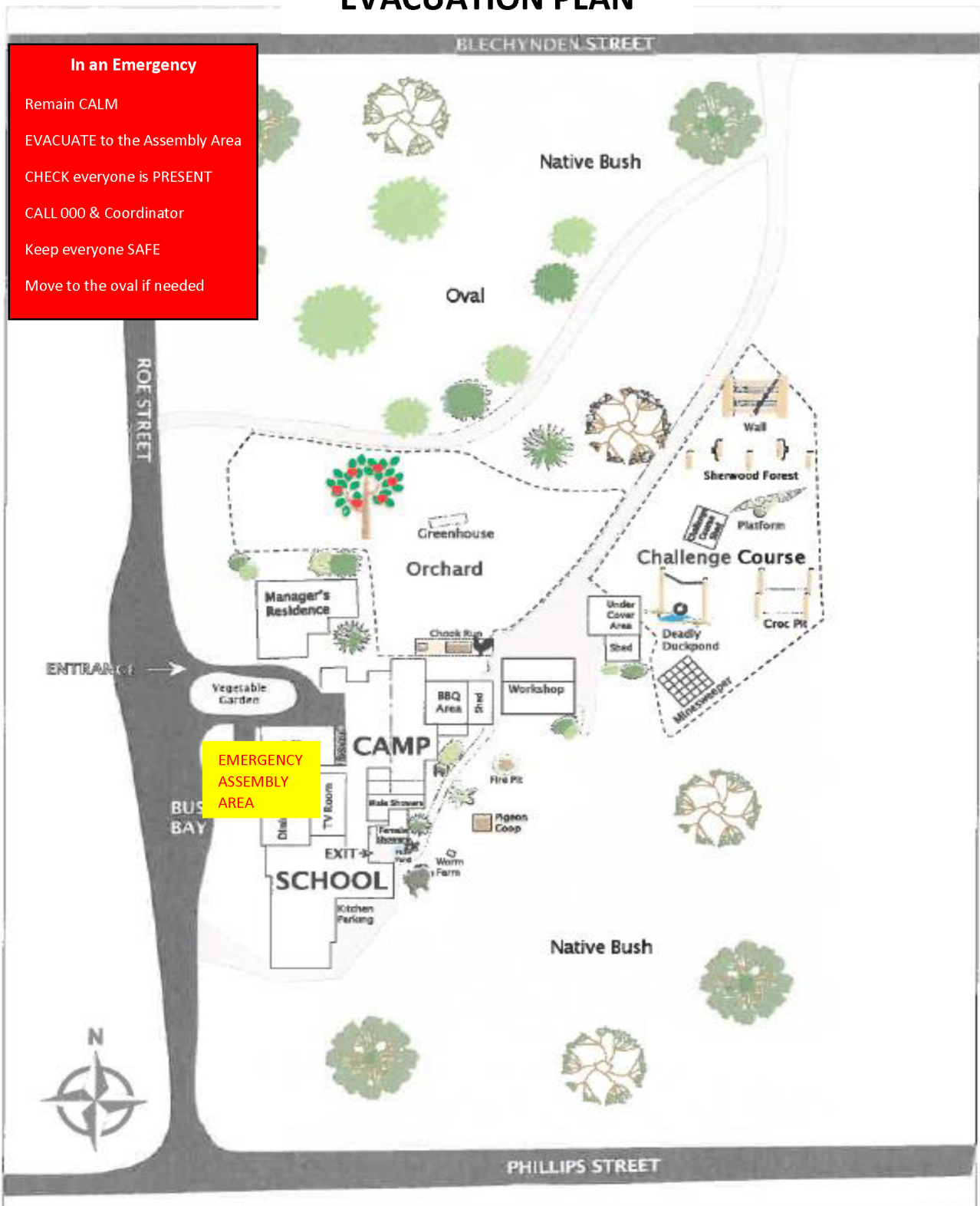
0421 002 912

CAMP FAIRBRIDGE

EVACUATION PLAN

In an Emergency

- Remain CALM
- EVACUATE to the Assembly Area
- CHECK everyone is PRESENT
- CALL 000 & Coordinator
- Keep everyone SAFE
- Move to the oval if needed





Certificate of Currency

Date of Issue: 29 October 2021

Susan Snowball
Fairbridge Western Australia Inc
PO Box 173
PINJARRA WA 6208

Contact: Pauline Holbeck

t: +61 8 6317 4081
e: pauline.holbeck@aon.com

We hereby certify that the under mentioned insurance policy is current as at the date of this certificate, please refer to the important notices below.

Policy Type	Public & Products Liability
Insured	Fairbridge Western Australia Incorporated, Fairbridge College, Edenvale Tea Rooms including all affiliated and associated bodies.
Insurer	QBE Insurance Australia Limited - ABN 78 003 191 035 (& Chubb Australia Insurance Limited - ABN 23 001 642 020 where limit exceeds \$50,000,000 and does not exceed \$150,000,000)
Policy Number(s)	AQEF07101PLB
Period of Insurance	From: 4.00 pm 1 November 2021 Local Standard Time To: 4.00 pm 1 November 2022 Local Standard Time
Interest Insured	Insured's legal liability to pay compensation in respect of death or injury to any person (including disease), or damage to property, caused by an occurrence in connection with the business activities of an Educational Institution
Limits of Liability	Public Liability \$50,000,000 any one event, except Products Liability \$50,000,000 any one period of insurance
Special Extension	Policy includes as an insured party, any person, principal, organisation, trustee or estate to whom or to which the Insured is obligated by virtue of any statute or of a contract or agreement to indemnify or to provide insurance as is afforded by this Policy, but only to the extent required by such statute or contract in any event only for such coverage and limits of liability as provided in this Policy. The policy has a cross liability clause.
Situation of Risk	Anywhere in Australia, and elsewhere in the world in respect of temporary visits
Interested Parties	Westpac Equipment Financing

Further Information

Should you have any queries, please contact us on the details set out at the top of the page.

Important notes

- Aon does not guarantee that the insurance outlined in this Certificate will continue to remain in force for the period referred to as the Policy may be cancelled or altered by either party to the contract, at any time, in accordance with the terms of the Policy and the Insurance Contracts Act 1984 (Cth).
- Aon accepts no responsibility or liability to advise any party who may be relying on this Certificate of such alteration to or cancellation of the Policy.
- Subject to full payment of premium
- This certificate does not:
 - represent an insurance contract or confer rights to the recipient; or
 - amend, extend or alter the Policy
 - contain the full policy terms and conditions

Aon Risk Services Australia Limited ABN 17 000 434 720 AFSL 241141



Contact
Nicole Andrews
T: +61 8 6317 4063
E: nicole.andrews@aon.com

Certificate of Currency

Date

26 November 2020

Susan Snowball
Fairbridge Western Australia Inc
PO Box 173
PINJARRA WA

We hereby certify that the under mentioned insurance policy is current as at the date of this certificate, please refer to the important notices below.

Policy Type	Professional Indemnity	
Insured	Fairbridge Western Australia Incorporated, Fairbridge College including all affiliated and associated bodies.	
Insurer	AIG Australia Limited ABN 93 004 727 753	
Policy Number(s)	9002243PIN	
Period of Insurance	01 November 2020 to 01 November 2021	
Interest Insured	Covers the legal liability to compensate third parties (including legal expenses incurred) who have sustained financial loss due to a breach or alleged breach of professional duty on the part of the Insured or their employees.	
Geographical Limits	Worldwide	
Limits of Liability	Any one Claim	\$5,000,000
	In the Aggregate	\$10,000,000

Further Information

Should you have any queries, please contact us. Our details are set out in the top right side of this document.

This certificate is a summary of cover only. Please refer to the Policy Wording and Schedule for its full terms and conditions.

Important notes

- Aon does not guarantee that the insurance outlined in this Certificate will continue to remain in force for the period referred to as the Policy may be cancelled or altered by either party to the contract, at any time, in accordance with the terms of the Policy and the Insurance Contracts act 1984 (Cth).
- Aon accepts no responsibility or liability to advise any party who may be relying on this Certificate of such alteration to or cancellation of the Policy.
- This certificate does not:
 - represent an insurance contract or confer rights to the recipient; or
 - amend, extend or alter the Policy.

Fairbridge Western Australia Inc.

COMPLIANCE STATEMENT

Company / Trading Entity: Fairbridge Western Australia Inc. **ABN:** 16028434077
Address: South West Highway, Pinjarra WA6208
Primary Contact Name: Kim Tantrum **Phone:** 95317903
Position: OHS & Compliance Manager **Email:** Kim.tantrum@fairbridge.asn.au

I hereby confirm the following for the Company / Trading Entity listed above:

1. has a written Working with Children Card and Police clearance procedure within the staff recruitment process
2. the recruitment process is reviewed at least annually
3. the Company / Trading Entity shall ensure that any person employed by The Company / Trading Entity has a valid working with children card and police clearance
4. WWC card compliance monitored on an ongoing basis.
5. all staff hold the required 'competencies' to run activities.

The information provided in this Statement is true and correct.

Signed:



Signatory Name: Kim Tantrum

Position/Role: OHS & Compliance Manager

Date: 4/3/21

CAMP PACKING LIST



- ☐ Sleeping Bag or Blanket
- ☐ Fitted Sheet
- ☐ Pillowcase
- ☐ Bath Towel
- ☐ Shorts
- ☐ T-Shirts (long sleeves is best)
- ☐ Long pants
- ☐ Warm Jumper/s
- ☐ Underwear
- ☐ Socks
- ☐ Thermals (if you have them)
- ☐ Beanie
- ☐ Sunhat
- ☐ Comfortable enclosed shoes
- ☐ Rain Jacket
- ☐ Hair ties to tie up long hair
- ☐ Bathers and Rashie vest
- ☐ old shoes or reef shoes for water activities
- ☐ Additional thermal/wetsuit/fleece jumper for water activities (Southern Camps)
- ☐ Dirty clothes bag (bin bag will do)
- ☐ Sunglasses (optional)
- ☐ A small backpack to carry your possessions
- ☐ Water bottle
- ☐ Beach towel
- ☐ Sunscreen
- ☐ Notepad and pen
- ☐ Torch
- ☐ Prescription medication
- ☐ Personal toiletries (toothpaste, soap etc)
- ☐ A camera (optional)
- ☐ Insect repellent (optional)
- ☐ Books (optional)



REMEMBER!!

- Be prepared for extremes of weather – very hot to very cold -

-ALL ITEMS ARE TO BE LABELLED & NAMED-

- Security & responsibility for money, mobile phones, cameras, I-Pods, and electronic games rest with the students not the teachers or camp!

Just a reminder - Don't Forget your Bedding

CAMP FEEDBACK FORM

To assist us in providing continual improvement in our services please take the time to complete this form and return on departure.

Name of Group: _____ Your Name: _____

Camp Location: _____ Camp Dates: _____

(Please tick all relevant boxes and make comment where applicable)

1. Why did you select this camp?

- ☐ I had used it before
- ☐ Referral (By whom): _____
- ☐ Programmes offered (Please specify): _____
- ☐ Advertising (Please indicate source): _____

2. How did you find out about us?

- ☐ Email
- ☐ Website
- ☐ Social Media
- ☐ Word of Mouth
- ☐ Sign as you drove past
- ☐ Other, please specify: _____

3. Nature of your visit?

- ☐ School/Youth Group
- ☐ Work (eg. Team Building/Conference)
- ☐ Function (eg. Wedding/Birthday)
- ☐ Other, please specify: _____

4. Age Group?

- ☐ Primary School
- ☐ High School
- ☐ 19-34 years
- ☐ 35-54 years

- ☐ 55 years and over
- ☐ Mixed age group

5. How satisfied are you with the following aspects?

Please tick all boxes applicable to your visit.

	Poor			Excellent	
	1	2	3	4	5
Your Overall Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

6. Do you have any further comments or suggestions for our continual improvement? _____

7. Would you like to book again?

- ☐ YES – Dates: _____ Approx. Numbers:



☐ **Maybe**

☐ **No –**

Comments _____

If selected YES, someone will be in touch to confirm your dates. You can also access our booking forms at

www.fairbridge.asn.au/camps

Your time and comments are important to us, thank you