



**Application Pack**

**2018**

## The Application Process

Completed applications for summer programs are due by 15 May 2018.

A completed application includes this application pack with all parts signed, and two referees' reports received. See the Application checklist on page 13 for further details.

Final tour allocations will be advised by 1 June 2018.

### Personal Details – All Applicants

Last name

Given names

Home address

Contact phone

*(include country code)*

Email

Application type

*(tick one)*

- Student
- Accompanying teacher
- Chaperone

#### School details

School name

School website

School phone number

#### Tour details

Tour

- Cambodia 2-6 July 2018

#### Passport details

Passport number

Issuing country

Passport expiry date  
*(Note: must have 6 months validity from the end of the tour)*

Date of birth

National ID No  
*(if applicable)*

**Emergency contact details**

Your next of kin's name

Next of kin's phone

Next of kin's email

**For Students**

School grade

Age on date of tour

years

months

Name of your accompanying teacher  
*(if none, write NONE)*

Parent or Guardian's name

Parent or Guardian's phone number

Additional Parent or Guardian's name

Additional Parent's or Guardian's phone number

Referee teacher's name

Referee teacher's email

Name of referee #2

Email of referee #2

## For Teachers

Licence No, registration  
 No, or Working with  
 children permit  
*(please attach copy)*

Names of students  
 applying  
*(list students applying.  
 We will match to received  
 applications)*

Emergency school  
 contact

Emergency phone


## For Chaperones

Is your child applying?

Yes       No.

If "no", are you a licensed teacher or hold a valid working with  
 children permit?

## Diet – All Applicants

List any dietary  
 requirements or  
 restrictions

## Shirt size

Adult golf shirt size

XS       S       M       L       XL

## Medical Authorisation and Liability Release

(To be completed and signed by parents)

I/we understand that my child is expected to follow, at all times:

- the CEDA participant code of conduct,
- CEDA staff and local school staff instructions, and
- All local laws of the host country.

I/we fully realise that participation in a foreign tour programme can involve physically and psychologically challenging situations and that injuries could result. I/we acknowledge that CEDA will inform my child of all required safety regulations and that my child’s failure to follow regulations and instructions could result in injury. I/we acknowledge that my child’s participation in CEDA tours means I/we accept the risks attached to these activities. I/we agree to hold CEDA and local schools harmless for any and all damages my child might sustain or suffer in connection with my child’s participation in the tour activities.

**I/we authorise CEDA or their agents to administer the following medicines:**

Child Name	Medication	Dosage	Time of administration

Note that a copy of an English-language prescription must be included that shows the name of medication, student name, dosage, route, date and time of administration. Medication must be in its original packaging/container. Each medicine will be matched against the above table.

For safety reasons, we do not want students self-medicating. For the health and safety of your child we need to know what medication is taken and when. The same procedure as above is requested for non-prescription medication such as Panadol.

**Your child will be required to hand all medication to CEDA staff during the tour.**

Note that if your child’s medical needs change at any time prior to the tour, you must complete a new Medical Authorisation and Liability Release form.

CEDA will endeavour to contact the parent or emergency contacts should your child be ill or injured. However, if for any reason there is an emergency, I/we hereby give consent and full authority for the staff or agents of CEDA to arrange for and consent to any medical treatment or hospitalisation for my child while s/he is in the tour country. I further authorise CEDA staff or agents to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

## Medical conditions (not including asthma and allergies)

Does your child have any of the following medical conditions that may require EMERGENCY care?

Medical condition	Yes	No	If Yes give further details
Anaemia or other blood disorder	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	
Diagnosed Anorexic or Bulimic	<input type="radio"/>	<input type="radio"/>	
Difficulty in hearing or vision	<input type="radio"/>	<input type="radio"/>	
Dizziness/Fainting spells	<input type="radio"/>	<input type="radio"/>	
Epilepsy (convulsions)	<input type="radio"/>	<input type="radio"/>	
Frequent headaches	<input type="radio"/>	<input type="radio"/>	
Frequent nosebleeds	<input type="radio"/>	<input type="radio"/>	
G6PD	<input type="radio"/>	<input type="radio"/>	
Heart Problems (e.g. abnormal heart beat)	<input type="radio"/>	<input type="radio"/>	
High or Low Blood Pressure	<input type="radio"/>	<input type="radio"/>	
Illness when exposed to high temperature	<input type="radio"/>	<input type="radio"/>	
Kidney Disease or bladder problems	<input type="radio"/>	<input type="radio"/>	
Movement difficulty (arthritis, injury)	<input type="radio"/>	<input type="radio"/>	
Phenylketonuria	<input type="radio"/>	<input type="radio"/>	
Previous hospitalization or surgery	<input type="radio"/>	<input type="radio"/>	
Psychological condition	<input type="radio"/>	<input type="radio"/>	
Rare Blood Type	<input type="radio"/>	<input type="radio"/>	
Rheumatic fever	<input type="radio"/>	<input type="radio"/>	
Skin condition (e.g. eczema)	<input type="radio"/>	<input type="radio"/>	
Tuberculosis/respiratory disorder	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	

## Immunisations

Has your child had the following immunizations? If Yes, indicate the most recent date.

Immunisation	Yes	No	Date
Tetanus	<input type="radio"/>	<input type="radio"/>	
Hepatitis A	<input type="radio"/>	<input type="radio"/>	
Hepatitis B	<input type="radio"/>	<input type="radio"/>	
Tuberculosis (BCG)	<input type="radio"/>	<input type="radio"/>	
Others	<input type="radio"/>	<input type="radio"/>	

## Allergies

Does your child suffer from any allergies?

Yes       No (*go to the next section*)

Does your child see a doctor about their allergies?

Yes       No

If yes, provide doctor's name and contact details:


When did the last allergic reaction occur?

What is your child allergic to?

How would you rate the severity of your child's allergic reactions?

Mild with no change of activity needed     
  Moderate with a need for slight changes of activity     
  Moderate with the need for immediate change to activity     
  Severe with the need for medical attention

Has hospitalization occurred because of a reaction?

Yes       No

If yes, when was the last hospitalisation:


Describe what happens during a reaction

In the event of a reaction, what actions are necessary

Name of allergy medication

Dose and route of administration


## Asthma

Does your child suffer from asthma?

- Yes       No *(go to the next section)*

Does your child see a doctor about their asthma?

- Yes       No

If yes, provide doctor's name and contact details:


When did the last asthma attack occur?

How many attacks of wheezing has your child had in the last 12 months?

- None       1-3       4-12       >12

What triggers the asthma episodes?

When did the last asthma attack occur?

Is your child's sleep disrupted due to wheezing?

- Never       Sometimes       Often

Name of asthma medication

Dose and route


## Other conditions

Does your child have any other condition that may affect their tour?

Yes  No  
*If yes, please provide details:*

## Swimming

Can your child swim without supervision?

Yes  No

## Declaration

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility as a parent to inform CEDA of any previous or new health problems or injuries and I am aware that if I have not, CEDA cannot be held responsible for the consequences.

### Signatures of Parent(s) or Guardian(s)

I/we have read and understood this Medical Authorization and Liability Release form.  
 I/we realise it is legally binding agreement and may not be modified or rescinded except by another written document signed by the Managing Director of CEDA.

Signed:

Signed:

X

X

\_\_\_\_\_  
 Parent or Guardian name:

\_\_\_\_\_  
 Parent or Guardian name:

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Date:

\_\_\_\_\_

\_\_\_\_\_

## Student Participant Code of Conduct

(To be completed and signed by applying students)

This Code of Conduct (the **Code**) applies to all student participants of CEDA tours.

Student participants, regardless of age, agree to meet the following standards of behaviour at all times:

- Have respect for the property and environment they are visiting;
- Have respect for the local laws and customs;
- Give an appropriate level of consideration for others;
- Behave in a manner befitting an ambassador of your school;
- Take personal responsibility for their possessions at all times
- Never wander alone or leave the group without permission, and never leave other students on their own;
- Listen to instructions from CEDA staff, their agents, local school staff, accompanying teachers and chaperones;
- Never use physical force against anyone;
- Use respectful language at all times.

I, the undersigned, agree and acknowledge that violating the Code can result in immediate exclusion or dismissal from the Tour.

Signed:

X

\_\_\_\_\_  
Student name:

\_\_\_\_\_  
Date:

\_\_\_\_\_

## CEDA Reference Form

(To be completed and signed by a referee)

### The Application Process

You have been sent this form to act as a referee for the below student, who is applying to participate in a CEDA teaching tour. See our website ([www.ceda.asia](http://www.ceda.asia)) for details of our tours. Applicants will be teaching a 2nd to 4th grade primary school class for 5 days in a developing country. All comments will be held in the strictest confidence.

Referee name	
Applicant's name	
Relationship to applicant	
How long have you known the applicant?	
Describe the suitability of the applicant to participate in a English teaching program at Primary School Level, with support	
Is there any reason the applicant might not be suitable for this experience?	
Are there any adjustments you recommend CEDA make to the tour to support the applicant?	
Please describe the applicant's communications skills.	

Please describe the applicant's ability to learn quickly and work in a proactive manner.

Describe the applicant's ability to take responsibility and behave in a manner that befits them as an ambassador for the school.

Describe the applicant's co-operation skills and an instance of how they have worked effectively in a group.


Signed:

X

Referee name:

Date:

## Application Checklist

<b>Item</b>	<b>✓</b>
Completed Application form	<input type="radio"/>
2 Referee forms – completed by referees	<input type="radio"/>
Copy of passport ID page	<input type="radio"/>
Copy of National ID card (if applicable)	<input type="radio"/>
Copy of last school report card or document	<input type="radio"/>
Medical Authorisation and Liability Release form – signed by parents/guardians	<input type="radio"/>
Code of Conduct – signed by student	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>