



An Advanced Paediatric Occupational Therapy Treatment Practicum
Just Outside Sydney Australia!

April 20-24, 2020

With additional training days held April 18 & 19, 2020

Camp Jabiru provides holistic treatment of children with sensory processing challenges, maximizing the inherent benefits of the natural environment and peer support and supplementing with individualized therapeutic supports for each camper. While disruptions in sensory processing are the common denominator for camper selection, Camp Jabiru utilizes a holistic format for maximizing therapeutic benefit for each child. Camp Jabiru is a uniquely “occupational therapy” environment, for we see the children in all of their occupational roles across an enormous variety of daily living tasks.

An additional part of the Camp Jabiru mission is to instil high levels of clinical reasoning in occupational therapists. Toward that end, the practicum program has been developed. For practicum therapists, the learning activities will include opportunities for formal lectures, discussions, and loads of practical, “hands on” experience.

The campers selected for Jabiru typically have normal or above average cognitive capacities but would not succeed in a typical camp experience due to the challenges posed by living with differences in sensory processing. Each practicum will be presented with opportunities to enhance professional development and skills **within the framework of the camp’s goals for the children**. It is essential that practicum therapists keep this philosophy in mind. The overall goal for each child is to have a successful camp experience; therefore, treatment will be geared at supporting this goal and will look different than treatment might in a typical treatment facility. Individual goals are set for each camper. These goals are used to assess the child’s individual progress and also the impact of camp as a whole. We are constantly evaluating and improving the camp model. In 2019, we completed a research study on the effect of camp on adaptability in the campers. We hope to be ready to share the results in 2020!

The children will be assigned to groups by age and gender (about 125 campers in all). Group activities are coordinated by a team. The team leader is one of The Sensory Gym® staff or an occupational therapist who has previously attended Camp Jabiru. This therapist will have been intimately involved in every step of the Camp Jabiru

process, from camper selection, to activity selection, to therapeutic supports and individualized sensory diets. These therapists will coordinate each group's adult team. The adult team will consist of at least one other occupational therapist, a practicum therapist, 2-4 OT students, and an outdoor education staff person provided by the YMCA. This allows for a minimum 1.5:1 child to adult ratio. The adult teams must work cohesively and collaboratively in order to ensure that the camp experience is a positive and therapeutic one for each child.

The daily schedule follows a typical camp schedule. There are numerous activities each day, all of which have intrinsic therapeutic qualities. A group might participate in abseiling, caving, crafts and games on one typical camp day. There is no specific "therapy" treatment time at Jabiru; rather, therapeutic supports are woven into the context of each activity throughout the day.

The majority of Jabiru campers will attend day camp. At this time, we are planning for about 50 overnight campers as well, including a group of "apprentices" who have previously "graduated" from Jabiru and are returning to camp to work in varying capacities in the camp program. Spending time with the overnight campers provides a unique insight into many of the challenges the children and their families experience on a daily basis. All practicum therapists will be staying overnight at camp, whether or not they are assigned to an overnight group.

Practicum therapists' learning experiences will be facilitated by Tracy Murnan Stackhouse, MA, OTR, with additional support from Colleen Hacker, MS, OTR, and Lynette Burke, OTR/L. We also have the support of other master clinicians, though at this time we are unsure who these therapists will be for 2020. All master level clinicians will be therapists who are internationally recognized for their expertise in multiple paediatric occupational therapy frames of reference and treatment. Tracy will be leading lectures and discussions daily and all facilitators will be providing support for staff and campers throughout the camp day. The actual "hands on" learning time and formal learning time available to practicum therapists averages about 12 hours per day.

In applying, remember that the camp environment necessitates active participation, physical stamina, and "forced intimacy." The camp environment is more than comfortable but may be "rustic" by some standards. It is an experience that can be life changing as well as a lot of fun, provided one comes with an open mind and flexible attitude about what each day will hold.

Training days held prior to camp do not include lodging or meals. Lodging commences on Sunday April 19 and full meal provision commences on Monday April 20. We will be staying overnight the Sunday before camp and lunch will be served that day. Breakfast and dinner on Sunday April 19 will be "on your own." There is the possibility of accommodation on the evening of Saturday April 18, for an additional fee. The final

meal provided is lunch on Friday April 24. Five nights will be spent at Camp Yarramundi (6 if you opt for staying overnight on April 18).

CAMP JABIRU

Advanced Practicum Application

Please note: Applications will be taken until positions are full. The amount of \$1600 is payable with your application. This payment will be refunded immediately if a place is not made available to you. Cheques can be made payable to The Sensory Gym®. Other payment methods include direct deposit or credit card (please note that a 1.15% surcharge will be applied to credit card payments). Your \$1600 fee includes meals and lodging at camp as well as your professional development experience. If you have questions, please email lynette@sensorygym.com.au. Please send completed application form and payment to:

The Sensory Gym®
4C/28 Laurence Street
Hobartville NSW 2753

Name: _____

Address: _____

Home Phone: _____

Postcode: _____ State: _____

Mobile: _____

Work Phone: _____

Fax: _____

Email: _____

Place of
Employment: _____

Work Address: _____

Brief Job Description:

**Liability Insurance Policy Provider and
Number:** _____

Education and Degrees Held:

Continuing Education

(particularly in regard to neurological and/or developmental principles)

TITLE

INSTRUCTOR

DATE

Reason for applying to this program:

**What do you hope to learn from this experience? State goals and use
additional paper if necessary.**

Special interests and/or skills you might be able to contribute:

Please list any concerns or limitations you might have that would impact your camp experience:

What age range (between 4 & 12 or Jabiru 2.0) would you be most interested in working with? _____

T-shirt size (S/M/L/XL): _____

Special dietary needs: _____

I would like to stay overnight at camp on April 18. Y/N: _____

Please note there is an additional \$25 fee for gluten free meal provision during camp. There is an additional \$55 charge for staying overnight at camp on April 18.

Anything else we need to know?

PLEASE SUPPLY:

- **A COPY OF YOUR CURRENT WORKING WITH CHILDREN CHECK**
- **A RECENT PHOTO OF YOURSELF**
- **THE COMPLETED YMCA MEDICAL FORM**

Camp Jabiru Payment Practicum

Practicum's Name: _____

Please tick

- I have attached a cheque to my application
(Made out to The Sensory Gym)
- I wish to pay with my credit card (**A 1.155% surcharge will apply**)
- I have paid by Direct Deposit – (Please use your Name as a reference)

Please circle card type

Visa

Mastercard

Card Number: _____

Expiry Date: _____

CVV Number: _____

Cardholder Signature

Bank Details – Direct Deposit

Account Name – The Sensory Gym Pty Ltd

Bsb: 112 879

Account: 491 763 765

Please use your name as a reference so we can track your payment



Medical & Consent Form - Adult

Name of Camper: _____				
Address: _____				
D.O.B: / /	Sex:	Height:	Weight:	
Emergency Contact: Name:		_____		
Phone:	(hm)	(wk)	(mob)	
Medicare Number:	Ambulance Cover: Y / N :			
Private Medical Cover; Y / N:				(details)
Doctor's Name:		Phone:		
Do you suffer from: any chronic injury or illness ? Y / N: _____				(details)
: Asthma ? Y / N : Triggers: _____				(details)
Do you have any allergies ? (eg drugs, food, plants) Y / N: _____				(details)
Do you suffer from: Heart Problems ? Y / N: _____				(details)
: Blood Pressure ? Y / N: _____				(details)
Do you have any emotional / behavioural disorders ? Y / N Phobias ? Y / N				
If yes please specify: _____				
Do you require medication? Y / N Are you allergic to Paracetamol ? Y / N				
Have you been ill or required medical attention in the last four (4) weeks ? Y / N				
If yes please specify: If you have seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.				
Date of last tetanus injection: _____				
How would you rate your swimming ability ?				
<input type="checkbox"/> Unable - Nothing more than dog paddle		<input type="checkbox"/> Poor - Basic strokes, only limited strokes beyond domestic swimming pool		
<input type="checkbox"/> Good - Strong swimmer, able to swim confidently in a variety of water conditions				
<input type="checkbox"/> Excellent - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)				
Special Dietary Requirements ?				
Activity Restrictions ? See attached list.				
Nb/ Activities are chosen to suit the age and ability of campers Campers will not have sufficient time to do all activities If there is insufficient space please attach separate page with details				

CONSENT

I understand that YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my participation in activities of a hazardous nature, though YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting me, that may place me at greater than normal risk. I authorise YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for myself in respect of any accidents or sickness at the camp. Should I need to be returned home for any reason I will cover any associated costs.

I am attending camp on this understanding.

Signature of Participant Full Name of Participant Date

The information provided by participants is obtained for the purpose of supporting employees and providing high quality program. It will be used by Camp Yarramundi to meet the duty of care and child protection responsibilities of the organisation and to support the information needs of the employees and participants. The information will only be disclosed for purposes directly related to the purpose for which it is collected.