



**KORU
CARE**
Southland

THANK YOU FOR APPLYING FOR A TRIP WITH KORU CARE SOUTHLAND!

Please include the following in your application form:

- The child's last clinic letter (if they attend a clinic)
- A photo of their passport (if they have one)
- 7 completed pages of this application form

Please send the completed form to:
Koru Care, PO Box 8032, Invercargill

Or email:
info@korucare southland.org.nz

We carefully consider each application; however, submitting an application form does not guarantee a place on a trip. Koru Care children are selected based on a range of factors and are typically aged 12 to 15. Children under 12 years old will be placed on our waitlist. Our trips are designed to give children the opportunity to spend time away from their carers, helping to build independence, confidence, and new friendships.

APPLICATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT CLEARLY.

Full Name
as per passport

Preferred Name

Gender

Male

Female

Prefer not to say

Date of Birth

Physical Address

Postal Address

Who does the
child live with?

Are there any legal
restrictions to be
aware of?

Email address
(to be used for all Koru
Care correspondence,
may be parents)

Mobile number
(to be used for all Koru
Care contact)

Child's current
diagnosis and past
medical history
**Please include their
last clinic letter/note
from GP**

Why should your
child be chosen
to go on a Koru
Care trip?



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APPLICATION FORM

MEDICAL INFORMATION

Does your child have any allergies?

Does your child have any dietary requirements? Please provide details.

Can your child manage their allergies themselves if they were present? (e.g., in a buffet-style meal)

Yes

No

Is your child fully vaccinated?

Can your child receive over-the-counter medications (e.g., Panadol, ibuprofen, antihistamines, anti-nausea) if needed?

When was your child's last contact with hospital services?

When was your child last admitted to hospital? For what reason?

Does your child require any special assistance? Please provide details.

Does your child need or use any of the following?

Hearing aids

Artificial limbs

Glasses/contacts

Continence products



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MEDICAL INFORMATION (CONTINUED)

What supplies or equipment will be accompanying your child? Please specify.
(e.g., diabetic devices, peg feeding equipment, wheelchair)

Does your child have 'accidents' during the day or the night? Please provide details. Yes No

Can they swallow tablets? Yes No

Does your child require any special monitoring? Yes No

Please describe your child's temperament (e.g., outgoing/reserved/bossy/shy etc)

Will they be okay in large groups of people/
crowded theme parks? Yes No

Does your child suffer anxiety?
Please provide details. Yes No

Does your child have any special sleeping patterns or needs?

What helps to calm your child?

Is there any further information that will assist us in caring for your child?
Please use separate pages if you need more room.



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APPLICATION FORM

MEDICAL INFORMATION (CONTINUED)

What special assistance/treatment would your child require while away?

PLEASE COMPLETE THE FOLLOWING USING THE GUIDE BELOW:

- 1 Maximum assistance required / cannot do on their own
- 2 Supervision required
- 3 Minimal supervision required
- 4 Independent

(Please select as applicable)

ACTIVITY	1	2	3	4	N/A	COMMENTS
Medications						
Personal hygiene/ grooming						
Showering						
Toileting						
Meals						
Communication						
Mobility						
Transfers (Bed/Chair/Bus)						
Swimming						



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TRAVEL INFORMATION

Clothing Size
(for Koru Care
t-shirt)

CHILD

ADULT

12

14

16

XS

S

M

L

XL

Does your child have a passport?
Please provide photo of passport page.

Yes

No

Has your child had a sponsored trip/activity before?
(e.g., Make-A-Wish, specialised camps, etc)?

Has your child stayed away from home/family before?

Yes

No

Has your child been overseas before?
If yes, please give details.

Yes

No

Can your child go on theme park rides (small and sedate)?

Can your child go on rollercoaster/motion master-type rides?

Please provide a brief bio below of your child and explain how Koru Care can maximise your child's experience. What goals would they like to achieve?
E.g., carb counting, giving own injections, managing own medications — just for some examples.



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CONSENTS

Please use full names

I _____ being the legal parent/guardian
of _____, born on _____
(child's date of birth)

PLEASE
TICK

Hereby give Koru Care Southland my permission to contact my child's school / Doctor / Specialist to discuss any relevant aspects with regards to his/her participation on a Koru Care trip.

Identified Name

Phone

Consent to full access and release of medical Information to the Nursing representatives of the Koru Care Southland Charitable Trust. I understand that once obtained, the Information may be divulged to the Medical Team and carers of the Koru Care Charitable Trust and the Insurance Company.

Doctor

Clinical Nurse Specialist

Agree to Koru Care using any photographs/film of my child for publicity purposes and for fundraising.

Agree to accept any considered decision made by the Koru Care escorts in respect of the welfare of my child, including medical care if required. In this, I authorise the escorts on my behalf.

DECLARATION

The Information I have provided on this form is correct, and the medical forms attached have been given to my child's Doctor/Specialist for completion. I understand that if any information on this form is false, my child's application can be revoked. I understand also that if my child is selected and travels with Koru Care, if his or her behaviour should jeopardise the safety and security of the trip, he or she may be sent home.

Signed

Print Name

Date