



Manitoba Aphasia Camp 2018

Application Form for Students

Thank you for your interest in Aphasia Camp 2018!

Date: Day Camps September 8 and 9, 2018

Contact: March of Dimes
Anupam Sharma
asharma@marchofdimes.ca
204-430-6453

Application: Please **fill in** the application **form**.
Submit by Friday, August 24, 2018

STUDENT INFORMATION: CONTACT DETAILS		
Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone No.:	Email Address: <i>(please ensure you check this email frequently)</i>	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Name:	Contact Person's Phone No.:	
Program of Study:		
FURTHER INFORMATION		
Hobbies & Interests:		



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Goals for the Weekend:

Please describe any prior experience you have working with/interacting with People with Aphasia:

TRANSPORTATION

Will you have a car at the camp?

Yes No

If yes, would you be willing to carpool with other students?

Yes No

If yes, how many? _____

MEDICAL CONDITIONS

Please let us know if you have any medical conditions, health information and/or accessibility concerns that we should be aware of:



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MENU			
Special Diet <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetic <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Dairy Free <input type="checkbox"/>	Thickened liquids <input type="checkbox"/>	Other:	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			
EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No			
TRAINING			
<ol style="list-style-type: none">1. A series of 3 emails will be sent to all participating students to the email addresses provided. These emails will be from the week of the 27th of August onwards. The emails will consist of links to video content, and reading material to facilitate your orientation to the camp, as well as working with people with aphasia.2. An orientation night will be held to provide with both objectives, expectations and roles and responsibilities. Time, date and place will be provided by email.			



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During Camp

1. **Meals** are set throughout the day – breakfast, lunch and dinner. Please let us know if you have any dietary needs/restrictions. Campers, students and Clinical Faculty all eat meals together. Please feel free to bring snacks/nibbles that you can snack on throughout the day.
2. **You** will be grouped in teams. The goal of the camp is to ensure campers have access to activities, while also providing the opportunity for social interaction between campers. You will be developing the skills to ensure these successful interactions occur. You will have the opportunity to develop rapport with other students, and learn from each other through leading activities over the weekend.
3. **You** will have the opportunity to meet with your team leader/clinical faculty member, both as a team and individually. You may also request meetings as needed.

Post Camp

1. Once all campers have left, a debrief will be held immediately on the camp grounds. This will take no longer than 1 hour.
2. In addition to the debrief, you will have the opportunity to provide feedback and evaluate your experiences at camp.
3. Any student requiring signature for IPE/clinical hours can have their forms signed at this point.

If you have any questions or concerns, please do not hesitate to contact Stephanie Harvey, SLP at: Email: stef.harvey.slp@gmail.com
Telephone: (204) 231-2165



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ACKNOWLEDGEMENT	
I have reviewed the MANITOBA APHASIA CAMP camper information/registration package. I understand and agree to the camp Release of Liability, and Agreement to Conditions	
Signature of Attendee	Date:
Print Name of Attendee	
Signature of Witness:	Date:
Print Name of Witness	
Signature of Committee or Guardian (if applicable)	
Print name of Committee or Guardian (if applicable)	

PHOTOGRAPHS: Yes No

VIDEOTAPING: Yes No

I understand that my **picture** and/or my **name** may be used to:

- Improve **public awareness** about Aphasia, Manitoba Aphasia Camp, SpeechWorksInc., and March of Dimes Canada via radio, TV, newspaper, brochures, social media, etc.
- Help with **fundraising** campaigns or marketing for the Manitoba Aphasia Camp;
- **Teaching** staff, volunteers and other interested persons about aphasia.



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I understand that my consent is **voluntary** and will not affect my ability to attend camp. I allow use of my:

FIRST NAME _____ Yes No
(print first name)

LAST NAME _____ Yes No
(print last name)

Signature: _____ Date: _____

Witness: _____ Date: _____

PAYMENT

Please **enclose cheque** with this application.

Please make **cheque payable** to “**March of Dimes Canada**”

Application will only be **processed** when **payment** is **received**

Cost: **\$50.00 per person**

If paying by credit card, please call Anupam Sharma at 204-430-6453 to give details over the phone. Please do not put credit card information on this form.

CANCELLATION

Camp fee is refundable, less a \$15 administration fee until August 24, 2018. After this date, the camp fee is only refundable if we are able to fill your spot.



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Send your application and payment to:

March of Dimes Canada
213 Notre Dame, Suite 903
Winnipeg, Manitoba, R3B 1N3.

Please note that submitting an application **does not** guarantee acceptance. The 2018 camp offers 24 spaces. Register early to avoid disappointment.

Submitting registration does not guarantee acceptance

DEADLINE FOR APPLICATIONS: AUGUST 20, 2018