



L'ORÉAL

"Everything I learnt was great; I learnt that attitude is everything. This was the best trip I have ever had in my life. Now I know anything is possible for me."

-Rebecca

Wednesday 28th & Thursday 29th September 2022

**WHAT'S YOUR PLAN FOR
WHEN YOU LEAVE SCHOOL?
ALREADY LEFT SCHOOL AND
WONDERING WHAT'S NEXT?
NOW'S YOUR CHANCE TO
FACE YOUR FUTURE!**

If you are in care and are between 16-18 years, at school, planning to leave soon, or have already left school, **YOU** are invited to be a part of **FACE YOUR FUTURE 2022.**

Face Your Future has had a makeover!!! For the first time in its 13 year history, this year's event will be an overnight camp for ALL attendees (from Auckland and outside of Auckland) and will be held at Camp Motu Moana Blockhouse Bay, Auckland.

Hosted by L'Oréal New Zealand and in partnership with Caring Families Aotearoa and VOYCE Whakarongo Mai, **Face Your Future** will focus on positive and inspiring stories from people who have pushed through some tough times in their lives to go on and be super successful in their personal lives, businesses, and careers. There will be fun interactive workshops to

help rangatahi identify their purpose and dreams and help them discover the tools to achieve them.

Each participant will receive L'Oréal products and have the chance to win some fantastic prizes! But more importantly, it is our hope that each young person leaves inspired to "*Reach for the Stars*" and with the confidence and tools to line up the pathway to their future potential.

Eligibility

This two-day event is open to rangatahi (young people) in the care of caregivers or agencies who are members of Caring Families Aotearoa who have NOT attended this event previously.

Numbers are limited to the first 50 young people who register.

Camp Venue

Camp Motu Moana
90-140-142 Connaught St
Blockhouse Bay,
Auckland

Confidentiality

Your nomination form and any information shared by the rangatahi at Face Your Future will remain confidential and will not be published.

Costs/Expenses

Face Your Future is a **FREE** event and includes all activities, accommodation and food.

Itinerary

DAY 1: 28 September 2022, 9.30am Start, Camp Motu Moana

- Inspirational speakers share their personal stories and road to success
- Motivating interactive workshops
- Activities to get you moving!
- And much, much more...

DAY 2: 29 September 2022, Finish at 3:30pm, Camp Motu Moana

- Activities to get you moving!
- Thought provoking interactive workshops.
- Program Certificate presentation & complimentary L'Oréal products.

Supervision

VOYCE Whakarongo Mai will be responsible for the 'care' and overnight supervision of the rangatahi at Face Your

Future. They will be supported by Caring Families Aotearoa and L'Oréal NZ. All adults will be either Police Vetted or have Children's Worker Check.

There will be no less than 10 adults on site at any one time and this will include Mental Health First Aiders and two with First Aid Qualifications.

Travel

Thanks to the generosity of L'Oréal, Air New Zealand, some wonderful private donors and Caring Families Aotearoa, funding is available for a limited number of rangatahi from outside of Auckland to attend Face Your Future. This will include the cost of flights and where necessary accommodation and food on Tuesday 27 September. These funds are available on a first come first served basis.

Auckland rangatahi are responsible for making their own arrangements to Camp Motu Moana. Special travel arrangements can be provided on request.

Registrations Close on Friday 5 August 2022

(Caregiver/Agency Social Worker to register the rangatahi person.)

Legal name of Young Person:			
Preferred Name:			
Date of Birth:		What gender do you identify as:	
Address:			
City:		Post Code:	
Landline:		Cellphone:	
Email:			
Currently Attending School	/ has Left School	<i>(tick one)</i>	

Name of Caregiver:			
Agency:			
Address:			
City:		Post Code:	
Landline:		Cellphone:	
Email:			

Name of Rangatahi's Social Worker:			
Agency:			
Address:			
City:		Post Code:	
Landline:		Cellphone:	
Email:			

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

Emergency Contact 1:			
Agency:			
Address:			
City:		Post Code:	
Landline:		Cellphone:	
Email:			

Emergency Contact 2:			
Agency:			
Address:			
City:		Post Code:	
Landline:		Cellphone:	
Email:			

HEALTH PROFILE

1. Please tick if your rangatahi has any of the following:

- | | | | | | |
|---------------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| Migraine | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Travel sickness | <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> |
| Chronic nose bleeds | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> | Dizzy spells | <input type="checkbox"/> |
| Colour blindness | <input type="checkbox"/> | Other (Please specify) | _____ | | |
| ADHD | <input type="checkbox"/> | | | | |

2. Is your rangatahi currently taking medication?

Yes

No

If YES, please state: Health condition/s:

Name of medication/s:

Dosage and time/s to be taken:

Other Treatment:

Does this need to be administered by an adult?

Yes

No

3. Is your rangatahi allergic to any of the following?

- | | Yes | No | Please specify |
|-----------------------------|--------------------------|--------------------------|----------------|
| Prescription medication | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Food | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Insect bites/stings | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other allergies | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| What treatment is required? | _____ | | |

4. Outline any dietary requirements:

5. Does your rangatahi smoke or vape? Yes No

(Please note that if yes, your young person will need to bring their own cigarettes/vape device to last the entirety of the camp. They will not be able to leave the camp to purchase these and adults attending the camp will not be able to purchase these for the young person). Smoking/vaping will be restricted to designated areas at the camp site.

6. Is your rangatahi comfortable sharing a cabin with other young people-up to 4 per room? Plus possibly 1 adult per room from Voyce Whakarongo Mai. Yes No

7. Is there any information the staff should know to ensure the physical and emotional safety of your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

Camp Rules and Camper Agreement for Rangatahi

We want to make sure that everyone who comes to Face Your Future has the best time. We have rules that apply to everyone on the camp. Please read these and sign your name to show you agree to follow them.

- I will follow all safety signs and instruction.
- I will not play with fire hoses, fire alarms or extinguishes.
- I will not go into other cabins.
- I will stay with my team and follow the instructions given by your leaders.
- I will not swap teams / dorms.
- I will not take food and drink into my cabin.
- I will not drink alcohol or consume any illegal substances during Face Your Future.
- Smoking and vaping will only occur in the designated area.
- I will not leave Camp Motu Moana.
- I will not go into areas that are out of bounds except in an emergency.
- I understand that bullying, teasing or name calling will not be tolerated (This may result in you being sent home).
- I understand fighting and violence will result in myself being sent home.
- I understand that there is no inappropriate physical contact at Face Your Future.

I have read and agree to follow all the rules while I am at camp.

Signature (Rangatahi): _____

Date: _____

CONSENT TO PHOTOGRAPH - To be read and signed by rangatahi and their guardian/s.

During Face Your Future photos and video will be taken, these will be appropriate and tasteful. From time to time we would like to be able to use photos and videos taken for the purpose of marketing Face Your Future. These may appear in printed form, on our website or on social media. We seek your permission to potentially use any photos and video of you in this way.

I give permission (tick box):

Do not give permission (tick box):

Signature (Rangatahi): _____

Date: _____

Signature (Guardian): _____

Date: _____

Important Information for Parents/Guardians

Privacy

All information in this registration or collected during camp is confidential and is for the use of Caring Families Aotearoa and VOYCE Whakarongo Mai for follow up, emergencies and administration.

Liability Disclaimer

L'Oréal New Zealand, Caring Families Aotearoa and VOYCE Whakarongo Mai accepts no responsibility for accidents or situations arising from the improper use of camp equipment, or failure to follow staff instructions.

Caregiver/Guardian Consent Form

- I agree L'Oréal NZ, Caring Families Aotearoa and VOYCE Whakarongo Mai will be free from liability for any injury or loss which my child may sustain to person or property.
- I give consent for my rangatahi to participate in all camp activities.
- I agree my rangatahi will abide by the camp rules and that the camp reserves the right to send them home if a health or disciplinary problem arises.
- I agree to pay for all damages done by my rangatahi.
- I give permission for Caring Families Aotearoa and VOYCE Whakarongo Mai to administer basic first aid, as required.
- In the case of an emergency where I cannot be contacted, I give permission for Caring Families Aotearoa and VOYCE Whakarongo Mai to secure proper treatment for my rangatahi as deemed necessary, including an anesthetic.

Signature (Guardian): _____ Date: _____
Guardian Name _____

Please provide the contact details (as outlined above) of the rangatahi who wishes to attend to:

Jennifer Hanson
Caring Families Aotearoa
National Office
Free Call: 0800 693 323 | Text: TXT: 027 501 0330,
Email: events@caringfamilies.org.nz or
Post: PO Box 30-188, Lower Hutt 5040



L'ORÉAL

