



# LIFE SKILLS CAMP

## APPLICATION PACK 2025

- 14-17 years old
- Week long camps
- Explore services as a career
- Gain 4 Level 1, 9 Level 2 NCEA credits
- Gain employable skills



**TEAMWORK > SELF DISCIPLINE > RESILIENCE > SELF CONFIDENCE**

 **Burnham**  **Waiouru**  **Trentham**  **Auckland**

**Please check our website for camp dates**



**For more information, or to apply, get in touch, or visit our website**

 [programmes@bluelight.co.nz](mailto:programmes@bluelight.co.nz)

 [www.bluelight.co.nz](http://www.bluelight.co.nz)

## Introduction

Blue Light is a registered charity. We have run programmes and activities, free from drugs, alcohol and violence for young people for over 35 years. We work in partnership with the NZ Police and local communities to empower youth.

The aims of Blue Light are to:

- Reduce youth crime
- Build community partnerships
- Build young people's self-esteem
- Enhance community safety
- Build positive youth and Police partnerships.

## Programme Overview

The Life Skills Programmes centers on a week-long residential experiential-learning camp in partnership with the NZ Defence Force focusing on leadership training, practical skills, self-confidence, teamwork, and leaderless tasks.

Participants on this programme can also earn up to 9 level 2 and 4 Level 1 NCEA credits



## Why Camps?

Research has shown activity based education is an ideal vehicle to develop young people.

Taking young people away from distractions of everyday life has proven to be extremely effective in teaching them ways to improve and manage their lives moving forward.

## Parent Feedback

"My 17 year old son was leaving school, unsure what he wanted to do. He attended the Blue Light course in which he excelled. This programme helped him focus and gave him a clear direction for his career and subsequent future".

## Participant's Criteria

The Life Skills Programme is for young people aged 14-17 years of age. Participants must be healthy and physically fit as some activities are demanding. The programme would ideally suit young people showing qualities like team involvement, being confident amongst peers and groups of people, being able to communicate and open to ideas.

This programme would also suit those young people considering career opportunities in the services such as the Airforce, Army, Navy or Police.



## Camp Details

### Camp Locations

Camps are held in locations across New Zealand - North at Whenuapai Air Force Base, Central at Trentham Military Camp/Waiouru Military Camp and South at Burnham Military Camp.

### Camp Dates

Camps are held up to 12 times a year, refer to [www.bluelight.co.nz](http://www.bluelight.co.nz) for dates and camp availability.

### Camp Achievements

At the conclusion of the camp a formal ceremony is held which is attended by Police, NZ Defence Force and Blue Light staff. We encourage all referrers and families to attend and support the participants as they receive their certificates as proof of their accomplishments.

### Camp Cost

\$500 per person.

### How to Apply

Fill in the application and medical form attached to this info pack.

Send your interest and application to:

[programmes@bluelight.co.nz](mailto:programmes@bluelight.co.nz)



# Blue Light Life Skills Youth Camp

## Attendee's Personal Details

|  |                       |                      |                    |
|--|-----------------------|----------------------|--------------------|
| <b>Camp Location:</b> (Preference)   |                       |                      |                    |
| <b>First Name/s:</b>   |                       | <b>Last Name/s:</b>  |                    |
| <b>Gender</b> (Please circle)    M / F   | <b>Date of birth:</b> |                      | <b>Age:</b>        |
| <b>Street Address:</b>   |                       |                      |                    |
| <b>Town/City:</b>  |                       | <b>Region:</b>       | <b>Postcode:</b>   |
| <b>Home Phone:</b>   |                       | <b>Mobile Phone:</b> |                    |
| <b>Email Address:</b>  |                       |                      |                    |
| <b>Confident Swimmer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       | <b>Ethnicity:</b>    | <b>Shirt Size:</b> |
| <b>School/course attending:</b> (Education Provider)                               |                       |                      |                    |

## Parent/Caregiver Details

|                                  |  |                       |
|----------------------------------|--|-----------------------|
| <b>First Name/s:</b>             |  |                       |
| <b>Last Name/s:</b>              |  |                       |
| <b>Street Address:</b>           |  |                       |
| <b>Town/City:</b>                |  | <b>Region:</b>        |
| <b>Home Phone:</b>               |  | <b>Mobile Phone:</b>  |
| <b>Relationship to attendee:</b> |  | <b>Email Address:</b> |

## Compulsory for attendees to complete

**What are your interests and what would you like to get out of the camp?**

  
  

I declare that the information given in this form is true and complete to the best of my knowledge. I accept that the possibility of injury is inherent in the undertaking of physical activity. I will not hold Blue Light responsible for any injury or loss associated with my attending this programme. I give permission for Blue Light to take all responsible action to seek medical attention should I require it at my own expense. Blue Light regularly produces materials to profile its various programmes and services to the community. Blue Light reserves the right to use these materials which include media releases and publications. At times these materials contain stories and photos of clients.

|  |                           |
|--|---------------------------|
| <b>Signature:</b> _____                              | <b>Date signed:</b> _____ |
| <b>Attendee's parent/caregiver's signature</b> _____ | <b>Date signed:</b> _____ |

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Payment Options</b>        | <b>Cost for Camp \$500 inc. GST</b>  |
| <b>Direct Credit</b>          | Please Pay to ASB 12-3136-0032865-00 |
| <b>Credit Card Number</b>     | <b>Expiry Date</b>                   |
| <b>Name on Card</b>           | <b>CVV</b>                           |
| <b>Cardholder's Signature</b> |                                      |

**Please return completed application with payment to:** Blue Light Ventures, P.O. Box 102-199, North Shore City, Auckland, 0745 or scan and email this form to [programmes@bluelight.co.nz](mailto:programmes@bluelight.co.nz)

### Bluelight Health Questionnaire

*This questionnaire is to be completed by the student or their parent/caregiver.*

*Please return the completed questionnaire to the coordinator*

*The information provided will be used to prepare a student for the programme and may be used in the event of an emergency.*

|                   |  |             |       |      |  |
|-------------------|--|-------------|-------|------|--|
| Student name      |  | Gender      | M / F | Age: |  |
| Student Phone     |  | Parent Name |       |      |  |
| Blue Light Branch |  | Parent Ph   |       |      |  |

|   |   |  |
|---|---|--|
| <p><b>1. Please tick if the student has any</b></p> <p><input type="checkbox"/> Migraine<br/><input type="checkbox"/> Epilepsy<br/><input type="checkbox"/> Asthma<br/><input type="checkbox"/> Diabetes<br/><input type="checkbox"/> Travel Sickness<br/><input type="checkbox"/> Fits of any type<br/><input type="checkbox"/> Recurring nose bleeds<br/><input type="checkbox"/> Heart Condition<br/><input type="checkbox"/> Dizzy Spells<br/><input type="checkbox"/> Colour Blindness<br/><input type="checkbox"/> Other - Please specify</p> <p><b>2. Medical Alert Number (if applicable)</b></p> <p><b>3. Date of last tetanus injection?</b></p> <p>...../...../.....</p> <p><b>4. Is the student taking medication?</b></p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please state illness/s</p> <p>Name of medication/s</p> <p>Dosage &amp; time/s to be taken</p> <p><b>5. Outline any dietary requirements?</b></p> | <p><b>6. Has the student had any major injuries (breaks or strains) or illness (e.g., glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please specify</p> <p><b>7. Is the student allergic to any of the following?</b></p> <p>Prescription Medicine?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please specify</p> <p>Food?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please specify</p> <p>Insect bites/stings?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please specify</p> <p>Other allergies?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - Please specify</p> <p>Treatment required?</p> <p><b>8. Tick what you are happy for us to administer if needed:</b></p> <p><input type="checkbox"/> Paracetamol<br/><input type="checkbox"/> Ibuprofen<br/><input type="checkbox"/> Antihistamine<br/><input type="checkbox"/> Habitrol<br/><input type="checkbox"/> Other: _____</p> | <p><b>9. Has the student been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - please give brief details</p> <p><b>10. Does the student have any skin conditions or infected wounds? This includes exposure to fleas and/or scabies.</b></p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - please give brief details</p> <p><b>11. Is there any other information that staff should know to ensure the physical and emotional safety of the student?</b><br/>Examples: Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural/ emotional problems, mental health issues {e.g. suicidal behaviours or self-harm}</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - please give brief details</p> <p><b>13. Please tick if the student does any of the following:</b></p> <p><input type="checkbox"/> Vape<br/><input type="checkbox"/> Smoke</p> <p><b>12. Does the student have any learning difficulties (e.g. dyslexia) or ADHD?</b></p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes - please give brief details</p> <p>Student/Parent Name: _____</p> <p>Sign: _____</p> <p>Date: _____</p> |
|---|---|--|