



BURNHAM 50 PERSON LEADERSHIP CAMP

2026

12 - 17 October 2026

The 50 Person Leadership Camp is open to all Year 10 and 11 students. This camp is designed to empower today's youth and would suit young people showing leadership qualities.



Monday - Saturday
12 - 17 October 2026



Christchurch
Burnham Military Base

\$500 per person

APPLY TODAY



To apply complete forms attached and return to:
programmes@bluelight.co.nz

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 40 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 programme will centre on a week-long residential camp covering several aspects of leadership training. This will include confidence building, teamwork, communication, physical activity and coordination.

Participants can earn up to 15 level one and two NCEA credits on this programme.



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 50 Person Leadership Camp is open to all Year 10 and 11 students. Participants must be healthy and fit, as some activities are physically demanding.

The programme would ideally suit young people showing leadership qualities like team involvement, being confident amongst peers and groups of people, being able to communicate and being open to ideas.

Leadership camps are designed to empower today's youth to leave a positive impact on their community. Through this 50 Person Leadership Camp, young people will be provided with the tools to be more self-confident and set achievable goals for their future.



Camp Details

Camp Locations

The 50 Person Leadership Camp is held in the South Island at the Burnham Military Base near Christchurch.

Camp Dates

12 - 17 October 2026

Refer to www.bluelight.co.nz for other programmes and camp dates.

Camp Achievements

To conclude the camp, we host a formal march out attended by the Police, NZ Defence Force, and Blue Light staff. An invitation will be sent out closer to camp, inviting referrers and families to join us in celebrating young people's achievements.

Camp Cost

\$500 per person

How to Apply

Fill in the application and medical form attached and return to:

programmes@bluelight.co.nz



2026 Blue Light 50 Person Leadership Camp

Attendee's Personal Details

Camp Location: Burnham - 50 Person Leadership Camp

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

Parent/Caregiver Details

First Name/s:	Last Name/s:		
Street Address:			
Suburb:	Town/City:	Postcode:	
Home Phone:	Mobile Phone:		
Relationship to attendee:	Email Address:		

Referrer Details

Name:	Phone:	Email:
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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.

Signature:	Date signed:	
Attendee's parent/caregiver's signature	Date signed:	
Payment Options	Cost for Camp \$500 inc. GST	
Credit Card Number	Expiry Date	CVV
Name on Card	Cardholder's Signature	
All applications are internally reviewed by Blue Light. If application is successful invoice for payment will be sent out. If an application isn't successful, any payments made will be refunded. Your card will only be charged once the young person is accepted. Bank transfer is available.		

Please return the completed application with payment details 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

- MEDICAL IN CONFIDENCE-

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		

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