

SEMINAR CAMP RISK MANAGEMENT REPORT

To be completed by the Seminar Camp Staff

To be sent to the International Office (IO) together with participant / staff address list immediately following the Seminar Camp. The IO will forward a copy to the International Seminar Camp Committee (ISCC). This is not the official camp report. A camp report has to be sent to the ISCC and the IO at the latest by 15 October or before 2 months after the camp has finished.

1. HOST NATIONAL ASSOCIATION (NA): _____

Seminar Camp Reference Number: S_____ Host Chapter _____

A: DATES, ARRIVAL, DEPARTURE, HEALTH & LEGAL FORMS:

2. Seminar Camp Dates: (day in numbers, month in letters)

arrival for staff: _____ departure for staff: _____

arrival for participants: _____ departure for participants: _____

3. (a) Did all participants listed on the last official list from IO arrive? Yes No
If No, state the name and NA of the participant(s), and if you know why:

(b) Did any participant(s) arrive who were not to be found in the official participant list?
If Yes, state name and NA Yes No

(c) Did all participants arrive on time? Yes No
If No, state the name and NA of the participant(s), when he/she/they arrived and why:

(d) Did all participants depart on time? Yes No
If No, state the name and NA of the participant(s), when he/she/they left and why:

4. (a) Did all staff arrive in time to work for 4 full days before camp? Yes No
If No, state name and NA, when he/she/they arrived and why:

(b) Did all staff depart after 2 full days of work after camp? Yes No
If No, state name and NA, when he/she/they departed and why:

5. Did all staff and participant(s) arrive with their Health Form correctly filled out?
Yes No

If No, state the name and NA of the staff/participant(s), and what action you took

6. Did all staff and participant(s) arrive with the Legal Form correctly filled out?
Yes No

If No, state the name and NA of the staff/participant(s), and what action you took:

7. Were all participants and staff insured according to CISV policy? Yes No
If No, state who, why and how it was solved:

8. Did anyone leave during the camp? Yes No
If Yes, state name and NA, state why, how long, and under which circumstances.

9. Was anyone sent home by the staff or Camp Director? Yes No
If Yes, state name and NA, please explain the case, and which action was taken.

B: SITE, HEALTH & INSURANCE:

10. Did you have access to a physician? YES No
How far (approximately) was the camp site from a suitably equipped hospital?

11. Did any participant/staff require medical attention/hospitalization: Yes No
If Yes, state who, and provide a detailed explanation of the case.

12. Was a first aid kit available? Yes No
Was there any staff trained to give first aid? Yes No

13. Was there any safety or hygienic problems related to the site? Yes No
If Yes, please explain.

14. Was the site insured: Yes No
If Yes, state name of company, and maximum claim:

15. If there was a camp car, was this insured? Yes No
If Yes, state name of company, and maximum claim:

Who used it?
Were they adequately insured, and with a valid driving licence?

16. Other incidents raising insurance claims or legal concerns: Yes No
If Yes, state what, how it was managed and persons/NA involved:

17. Were there any on site staff at camp? Yes No
If Yes, state how many and their function.

18. Did the staff and Chapter/NA have a plan of how to handle incidents? Yes No
If Yes, give a description of Chapter/NA back-up and division of responsibility:

19. Would you recommend the site for a Seminar Camp again: Yes No

20. Were there any incidents which violated Seminar Camp rules, CISV Guidelines on
Discrimination, national or local laws: Yes No
If Yes, which, and what action was taken.

21. Any other comments.

C TRAINING & PREPARATION

22. Any participant without preparation? Yes No
If Yes, state NA/local chapter and if you know why:

23. Please provide information of the most recent official training received by each staff member.

(A) Name: Position (CD) (IS) (HS)
Kind of training:
Time: Where Duration Specific SC General CISV
(include year)

| | | | | | |
|------------------|-------|-------|-------|--------------------------|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(B) Name: Position (CD) (IS) (HS)
Kind of training:
Time: Where Duration Specific SC General CISV
(include year)

| | | | | | |
|------------------|-------|-------|-------|--------------------------|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(C) Name: Position (CD) (IS) (HS)
Kind of training:
Time: Where Duration Specific SC General CISV
(include year)

| | | | | | |
|------------------|-------|-------|-------|--------------------------|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(D) Name: Position (CD) (IS) (HS)
Kind of training:
Time: Where Duration Specific SC General CISV
(include year)

| | | | | | |
|------------------|-------|-------|-------|--------------------------|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(E) Name: Position (CD) (IS) (HS)

| | Time: (include year) | Where | Duration | Kind of training: Specific SC General CISV | |
|------------------------|-------------------------|-------|----------|--|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(F) Name: Position (CD) (IS) (HS)

| | Time: (include year) | Where | Duration | Kind of training: Specific SC General CISV | |
|------------------------|-------------------------|-------|----------|--|--------------------------|
| ISCC SLW | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NA training | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter training | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Date and place of signature:

Signature of CAMP DIRECTOR

D: PLEASE INCLUDE A CORRECT ADDRESS LIST OF ALL STAFF AND PARTICIPANTS:

List males and females separately. List participants and staff separately.

Name:

Address:

Phone (home/work)

Date of Birth:

Fax (only to staff):