

HandiCamp 2016 - Czech Republic

District 2240 – (RC Brno + RC Brno City + RTC Brno)



When: 11/7/2016 - 22/7/ 2015

Where: Březejc u Velkého Meziříčí, Czech Republic

<https://www.google.cz/maps/@49.3490599,16.1092975,551m/data=!3m1!1e3>

The resort was constructed for wheelchair users. It is completely barrier free. It includes a swimming pool, a rehabilitation centre and a gym.



PARTICIPANTS: 10 participants physically disabled (cerebral palsy).

One boy or one girl from each country + their assistants (PCA).

AGE: 15 – 20

LANGUAGES: English (communication level)

ARRIVAL: Brno, on 11th July, 2016

DEPARTURE: Brno, on 22nd July, 2016

(If more than 5 participants will arrive on the same time, we will arrange a bus to pick you up from the airport/bus/train station).

COSTS: Participants should pay their return ticket to/from Brno, plus additional pocket money.

INSURANCE: Participants should be insured against illness, accident, third party liability and repatriation.

DEADLINE FOR APPLICATIONS: 11th of June, 2016

FUN : Various activities are planned for the whole stay. These include different sport activities, interactive social activities, art therapies, hippotherapy, workshops and trips. Everybody will be able to explore his own ability.

WHAT TO BRING: medicaments and hygienic items (if you are indicated), if you will bring some compensation instruments (wheelchair, crutches), please make sure about their functionality; mask for a carnival, one small gift, musical instrument, swim suit, and specially good mood😊.

Please, inform us about your food habits and needs (vegetarians, allergies). The provided food is based on the local Czech cuisine.

APPLICATIONS: First 10 applications will be accepted. Standard Short Term Rotary International Youth Exchange Application forms + medical attachment (see below) to be sent via e-mail to: bsladkova@rektorat.utb.cz.

Medical attachment:

Supplementary information about applicants for Handicamp 2016 in Czech Republic. applicant's Personal Background. Please answer fully the following questions health conditions of the participant. Use additional sheets of paper if necessary.

Applicant's Name

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Diagnosis		
Health insurance company		
Medical orthopaedic helps (wheelchair, crutches,...)		
Allergies		
Diet		
Medicaments (dispensing) – it is necessary to have all medicaments with		
Hippotherapy	YES	NO
PCA's name and date of birth (dd/mm/yy)		
GP's signature+stamp:		Date: