



# Application For Enrolment

**NAME .....**

**All Saints Parish School  
94-100 Fawthrop Street  
Portland Vic 3305**

<b>Ph.</b>	<b>5523 3654</b>
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<b>Email</b>	<b><a href="mailto:roll@asportland.catholic.edu.au">roll@asportland.catholic.edu.au</a></b>
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## APPLICATION FOR ENROLMENT

A parent or guardian who has lawful authority in relation to the child must complete this information.

### STUDENT DETAILS (Please complete according to details on Birth Certificate or Passport)

Office Use Only -

Student ID #

Family Code:

Expected grade on admission: Yr \_\_\_\_\_ / 20\_\_\_\_

Sex: Male / Female

Student Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: ..... / ..... / ..... **pls attach a copy of the birth certificate**

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Currently Attending: \_\_\_\_\_ Current Year Level: \_\_\_\_\_  
(Please state name of previous School or Kindergarten)

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Main Language Spoken at Home: \_\_\_\_\_ Other Languages Spoken at Home: \_\_\_\_\_

Is student Aboriginal or Torres Strait Islander: Yes ☐ No ☐

Does child live with: Both Parents Mother Only Father Only Guardian

Do any Parenting Orders apply to your family? Yes ☐ No ☐ **please indicate type of order and provide copy:**

Resident Order ☐ Contact Order ☐ Specific Issues Order ☐ Other: \_\_\_\_\_

Will student be travelling to school by bus this year? Yes ☐ No ☐

### STUDENTS NOT BORN IN AUSTRALIA

*please supply copies of passport & visa documentation*

If born overseas are they an Australian Citizen?: Yes ☐ No ☐

Residence Status: ☐ Permanent ☐ Non Permanent Visa Type : \_\_\_\_\_

Arrival Date in Australia (if within last 4 years) : \_\_\_\_/\_\_\_\_/\_\_\_\_ Date started at Australian School: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FAMILY MAILING DETAILS

Main Residential Address: \_\_\_\_\_

Main Mailing Address (if different from above): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ACCOUNT DETAILS **MUST BE COMPLETED**

**Parent responsible for Account:** \_\_\_\_\_ **Do you have a Health Care Card:** Yes ☐ No ☐

*Copy of card must be attached for fee discount and government payments*

Signed by nominated account holder: \_\_\_\_\_

If account is to be split between parents/guardians, please provide details (*any court documents to be attached*)

Name 1: \_\_\_\_\_ % \_\_\_\_\_ Signed: \_\_\_\_\_

Name 2: \_\_\_\_\_ % \_\_\_\_\_ Signed: \_\_\_\_\_

### DETAILS OF FAMILY MEMBERS YET TO BEGIN SCHOOL

Number of children still at home yet to attend school: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year expected to start school: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year expected to start school: \_\_\_\_\_

**MOTHER / STEPMOTHER / GUARDIAN - Residing at Same Address**

Title: (eg: Mr, Dr) \_\_\_\_\_ Religion: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Given Names: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Work Phone No: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_ Other Language Spoken: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupational Group: \_\_\_\_\_ (see back page)  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
What is the *highest* year of primary or secondary education?: Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐  
What is the *highest* qualification you have completed?: Bachelor degree or above ☐ Advanced diploma/Diploma ☐  
Certificate I to IV (including Trade Certificate) ☐ No non-school qualification ☐  
**Do you hold a "Working with Children" card:** YES / NO Number .....exp date: .....  
**If so please supply copy of card to school office**

**FATHER / STEPFATHER / GUARDIAN - Residing at Same Address**

Title: (eg: Mr, Dr) \_\_\_\_\_ Religion: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Given Names: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Work Phone No: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_ Other Language Spoken: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupational Group: \_\_\_\_\_ (see back page)  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
What is the *highest* year of primary or secondary education?: Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐  
What is the *highest* qualification you have completed?: Bachelor degree or above ☐ Advanced diploma/Diploma ☐  
Certificate I to IV (including Trade Certificate) ☐ No non-school qualification ☐  
**Do you hold a "Working with Children" card:** YES / NO Number .....exp date: .....  
**If so please supply copy of card to school office**

**COMPLETE THIS SECTION FOR A PARENT NOT RESIDING AT FAMILY HOME**

Surname: \_\_\_\_\_ Given Name: : \_\_\_\_\_  
Relationship to Student:: \_\_\_\_\_  
Details of Access or Court Orders: *Supporting documents must be provided*  
Address: P.O. Box \_\_\_\_\_  
Street Address: \_\_\_\_\_ + \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupational Group: \_\_\_\_\_ (see back page)  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
What is the *highest* year of primary or secondary education?: Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐  
What is the *highest* qualification you have completed?: Bachelor degree or above ☐ Advanced diploma/Diploma ☐  
Certificate I to IV (including Trade Certificate) ☐ No non-school qualification ☐  
**Do you hold a "Working with Children" card:** YES / NO Number .....exp date: .....  
**If so please supply copy of card to school office**

Is the School required to send a copy of Reports: Yes / No Newsletters: Yes / No

**EMERGENCY CONTACT (other than parents/guardians)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

H/Phone: \_\_\_\_\_ W/Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

H/Phone: \_\_\_\_\_ W/Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**MEDICAL INFORMATION**

Name Doctor / Medical Service: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ expiry date: \_\_\_\_\_ child reference #: \_\_\_\_\_

Do you have Ambulance Subscription? Yes / No Ambulance Subscription Number \_\_\_\_\_

Hospital Cover Provider: \_\_\_\_\_ Hospital Cover Policy Number: \_\_\_\_\_

**Information about medical conditions of which the school should be aware**

1. Any serious accidents in the past \_\_\_\_\_
2. Any significant medical issues (please indicate):
- |  |   |                                |
|--|---|--------------------------------|
| <input type="radio"/> Diabetes               | <input type="radio"/> ADHD                      | <input type="radio"/> Epilepsy |
| <input type="radio"/> Eye Concerns           | <input type="radio"/> History of Ear Infections |                                |
| <input type="radio"/> Allergy: _____         |   |                                |
| <input type="radio"/> Other (pls list) _____ |   |                                |

Does your child **require regular medication** at school?**YES / NO***If YES a 'Permission to Administer Medication' form must be collected from the school office and medication provided to the school*Does the child have any **dietary restrictions**?**YES / NO**

If YES the following restrictions apply: \_\_\_\_\_

Has your child received or is receiving support from a **Specialist Service**?**YES / NO**

Please indicate which service:

<input type="radio"/> Optometrist	<input type="radio"/> Psychologist	<input type="radio"/> Psychiatrist
<input type="radio"/> Speech Therapist	<input type="radio"/> Occupational Therapist	
<input type="radio"/> Other _____		

**ACCIDENT PERMISSION**

If in time of accident or serious illness I cannot be contacted, I give permission for the Principal (or representative) to seek medical attention for my child.

Signed: \_\_\_\_\_ (Parent / Guardian) Date: \_\_\_\_\_

**CHILD'S IMMUNISATION RECORD****Has the child been immunised?****YES / NO***If yes, a copy of the approved Immunisation Certificate must be supplied.***Immunisation Certificate attached:****YES / NO**

I have chosen not to immunise my child and understand that my child will be excluded for the prescribed period during any outbreak of vaccine preventable disease within the school.

Signature \_\_\_\_\_

## CONDITIONS OF ENROLMENT

Parents and Guardians are asked to have considered carefully the following documents before they complete the agreements underneath and attach copies as required:

- |   |  |
|---|--|
| 1. Statement of Enrolment Understanding | 4. Details of Uniform requirements and regulations       |
| 2. Privacy Statement                    | 5. <b>Certificates (immunisation, birth and baptism)</b> |
| 3. Parenting Orders                     | 6. Medical Action Plans form your doctor as required     |

## ENROLMENT AGREEMENT OF NON-CATHOLIC STUDENTS

I, the undersigned, am aware of the School's aims and expectations and I undertake to respect the nature, life and identity of the School. My child/children will take part in Religious Education activities as well as liturgical celebrations.

Mothers signature: \_\_\_\_\_ Fathers signature: \_\_\_\_\_

## PARENT AGREEMENT

In the event of my being enrolled at All Saints Parish School, Portland.

1. My child will accept and observe the rules and the uniform regulations of the school
2. My child will take part in an active and enthusiastic way, in the academic, cultural and sporting life of the School
3. My child will participate in the Religious Education Program - and its associated activities in a positive and respectful way.

Parent/Guardian signature: \_\_\_\_\_

## CERTIFICATION

We/I **hereby make application** for our/my child/children to attend All Saints Parish School. We/I agree to the conditions of attendance and support the School Policies.

**I / we understand that payment of my/our account is my/our responsibility. If I /we do not commence payment of the account in term 1, of our enrolment year, or organise a mutually acceptable payment arrangement with the School, I /we understand that the full year's school fees become due and payable immediately. Should my/our account be placed in the hands of debt recovery consultants, then I/we agree to pay all expenses relating to the recovery of my/our account, and any default debt may be reported to a credit reporting agency.**

We/I hereby give permission for my child/children to take part in all school activities including local excursions. In the event of any illness or accident we/I authorise the obtaining on my/our behalf such medical assistance as my child may require.

We/I accept all operation, blood transfusion and/or anaesthetic risks involved and the responsibility for payment of any such expenses this incurred. This permission is given providing every effort will be made to contact me personally before any decision is taken to anaesthetise and operate.

We/I hereby declare that the above particulars are true in every respect and acknowledge that information found to be incorrect in this Enrolment Form may result in rejection of the application and/or cancellation of enrolment.

**I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT:**

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LAWFUL AUTHORITY

### Parents

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The children's Services Regulations 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

### Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

## PARENT INVOLVEMENT

The active participation of parents in the life of the school is valued. If you are able to be involved we would appreciate you ticking the area/s interested in below:

- |  |  |
|--|--|
| 1. Parents & Friends Association Meetings and Activities | 2. School Board and Sub-Committees             |
| 3. Canteen Duty  | 4. Parent Reading Program                      |
| 5. Working Bees  |  |
| 6. Attending excursions                                  | 7. Assisting in the Library                    |
|  | 8. Assisting in sport or recreation activities |



## STATEMENT OF ENROLMENT UNDERSTANDING ALL SAINTS PARISH PRIMARY SCHOOL

All Saints Parish Primary School is a Catholic School committed to the education of children in our Parish. The School strives to empower students to recognise their self worth and to work to reach their full potential while always promoting the dignity of the human person.

In accepting an offer of enrolment at All Saints parents and their children undertake to participate actively in the life of the school and to work together with the teachers, support staff and Parish to build a community in which a quality Catholic education is offered.

To this end I/we agree with the following conditions of enrolment, and support their maintenance while -so-ever my/our child is enrolled at the School.

1. All students take part in all aspects of the Schools Religious Education programme. This programme includes Religious Education lessons, the celebration of Masses and liturgies, Prayer and involvement in community service. Ideally the work of the School in this regard is based upon home life and supported by it.
2. All students assume responsibility, with the help of their teachers, for their own work in class, bookwork, homework and study and for the prompt submission of projects, assignments and tasks. (Please contact your child's teacher if there is a concern in meeting these).
3. Politeness and respect for others are an essential part of our School life.
4. While travelling to and from the School and during School endorsed activities, students are to be courteous, co-operative and well behaved and respectful to each other.
5. Whilst under School authority, all students are expected to maintain a high standard of self discipline and to conduct themselves in a well behaved manner, particularly in accordance with the standards contained in the Student Booklet. The School reserves the right to ensure that these high standards are maintained and expects parents to support these justifiable expectations.
6. Punctuality and regular attendance at the School at all lessons throughout each School term are mandatory.
7. The co-curricular and extra-curricular activities are a necessary part of the School's programme. Students are enrolled on the understanding that they join in sports, camps, excursions and similar activities.
8. Full School uniform at times prescribed and as designated as the standard is to be worn. Sport and other specialist uniforms are to be worn as asked.
9. All parents actively support the School through involvement in educational committees and programs, fund raising, meetings, special community celebrations, parent/teacher interviews, sport, working bees, etc.
10. The School is a non-profit organisation where expenses are shared by all parents. It is expected that all annual fees are to be cleared by Nov 30 each year. A discount will be applied to families who pay fees in full by end of Term 1. In particularly difficult circumstances, parents may consult confidentially with the Principal on the payment of School fees prior to their due date. School Fees must be finalised prior to student's departure from All Saints unless alternative payment arrangements have been made with Principal/Parish Priest and relevant forms signed.

**Both Parent/Guardian to sign**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

SACRAMENTAL DETAILS		
Sacrament	Date Received	Parish of reception
Baptism:		
Confirmation:		
Eucharist:		
Reconciliation		

<b>AUTHORISATION STATEMENTS</b>
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**Authorisation statements in relation to school activities during enrolment at  
All Saints School**

***Publication of Photos Taken During School Year***

I/we understand that while enrolled at All Saints Parish School students may be photographed individually and in groups either by school staff or local photographers. These photos may be used for, but not limited to:

- displaying around the school
- promotion on the school Facebook page
- school website
- school newsletter
- school apps requiring parent login (inc. but not limited to PAM, Class DoJo, Seesaw)
- newspapers
- Catholic Education promotional material
- Catholic Diocesan magazines.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Third Party Photo Publication***

I/we understand that while enrolled at All Saints Parish School students will attend excursions / events where the event organisers (eg: local council) will take photos which may be used for their own publication. These publications may include but not be limited to:

- promotional material
- website
- social media sites such as Facebook
- newspapers

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Student Contact / Medical Details***

I/we give permission for contact/medical details and class lists to be held as hard copy as well as uploaded to Google Docs (online access for staff). The purpose of this is to allow staff to discharge its duty of care to your child in being able to contact parents/carers as and when needed.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Learning Assessments***

I/we understand that while enrolled at All Saints Parish School, my child may require the following screening assessments to determine if a formal referral for a language or speech therapist is required.

Screening Assessments include:

- **Raven's Progressive Matrices**
- **CELF-4 and CELF-5**

Parents will be contacted to sign referral forms if any further assessments are necessary.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





## ***PRIVACY STATEMENT***

**All Saints Parish School  
94-100 Fawthrop St, Portland**

### **The Act**

#### **1.1 Commonwealth Privacy Act 1998**

The Privacy Act 1998 is a Commonwealth Act that regulates the collection, storage, use and disclosure of different types of personal information by:

- Commonwealth and Australian Capital Territory government agencies;
- Credit providers
- Credit reporting agencies, and
- Organizations that use tax file numbers.

#### ***Privacy Amendment (Private Sector) Act 2000***

This amendment to the Act in 2000 will also regulate the way private sector organizations, including non-government schools and systems, handle personal information of individuals. This amendment came into effect on 21 December 2001, with organizations having till end of 2002 to become compliant.

### **The Privacy Collection Statement**

Your privacy is important to All Saints, the following statement is provided to you by the school and specifically itemises the reasons for collecting information about students and their families and the way in which that information will be used by the school.

- The School (the Diocese both independently and through its Schools) collects personal information including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
- Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
- Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
- The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses/other Dioceses medical practitioners, and people providing services to the School, including specialist visiting teachers, volunteers and counsellors.
- If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
- Personal information collected from pupils is regularly disclosed to their parents or guardians. (On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website.
- Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
- As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- We may include your contact details in a class list and School directory.
- If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

*I have read the information provided to me regarding the Privacy Statement*

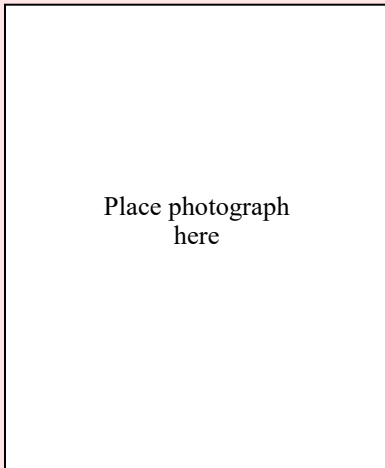
Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



***MEDICAL ALERT INFORMATION FORM  
(for student records)***

**All Saints Parish School  
94-100 Fawthrop St, Portland**

**Medical condition:** \_\_\_\_\_



Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Phone No: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**Please list medical condition and actions to be taken by school for this condition.  
NB: the school may request an Action Plan from medical practitioner.**

**\*\* Please also list what to look out for in case of allergies**

Medical Condition:

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Actions to be taken (including what to look out for):

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## ALL SAINTS PARISH SCHOOL PORTLAND VICTORIA PARENT / GUARDIAN CONSENT FORM

This form gives permission for the child/children listed below for the duration of their enrolment at All Saints Parish School. This form is to be carried by the teacher responsible for the excursion /activity and a copy to be left at the school office.

Excursion to:

All Saints Church and Associated Activities (when applicable).  
School Athletic, Swimming & Inter School Sports Days

Nature of Excursion/Activity Travel to Church, Civic Hall Concert Practice, Sports, Swimming & Inter School Sports Days

Date/Time of Excursion/Activity: Duration of Enrolment at All Saints

Method of transport

Bus

Cost: Nil

FAMILY NAME: \_\_\_\_\_

CHILDRENS NAMES: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBERS: Hm: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Please indicate any medical information, which should be known: \_\_\_\_\_

Is your child on any medication? YES/NO. If yes please give details: \_\_\_\_\_

***All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. These will be kept in the First Aid centre and dispensed as required.***

***Please circle if your child suffers from any of the following:***

Dizzy spells

Travel Sickness

Fear of heights

Diabetes

Blackouts

Epilepsy

Asthma

Sleep walking

Migraines

Other

**ALLERGIES TO:**

Penicillin: \_\_\_\_\_ Any foods: \_\_\_\_\_

Drugs: \_\_\_\_\_ Other: \_\_\_\_\_

Special Care required: \_\_\_\_\_

Name of Doctor (for emergencies): \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare No. \_\_\_\_\_

Do you have Private Health Cover: YES / NO Name of Fund: \_\_\_\_\_

Do you belong to an Ambulance Fund? YES/NO

***I give permission for my child to attend the above excursion and I agree he/she will be subject to the direction and control of the persons conducting the excursion and I expect my child to obey all reasonable rules governing safety and behaviour. In the event of illness or accident to my child, I will be notified as soon as possible but I authorise the person in charge, where it is impracticable to communicate with me, to consent to my child receiving such medical treatment (including the administration of an anesthetic) as may be deemed necessary by a legally qualified medical practitioner. I understand that all reasonable care for the safety and health of my child will be taken by the persons in charge of the excursion. I agree to pay all fees and expenses incurred, including those for transportation and hospital accommodation.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent Form For Classroom and Small Group Wellbeing Sessions with the School Counsellor

This information is to help parents and guardians decide whether to consent to their child/ren participating in **classroom and group** Wellbeing programs through the National School Chaplaincy Programme (**NSCP**) at All Saints Parish School.

If you need any clarification, please contact All Saints Parish School.

Although the form uses the phrase 'your child' you may have received this form if you:

- are a **guardian or informal carer**<sup>1</sup>.

### Background

The NSCP is a Commonwealth funded programme administered by the State of Victoria.

The NSCP **Chaplaincy Service Program** aims to support the emotional wellbeing of students by providing counselling services and programs that support the emotional wellbeing of school community.

**Pastoral care** means looking after the personal needs of students, not just their academic needs, by providing general spiritual and personal support.

**School Counsellors/pastoral care workers** providing Chaplaincy Services are required to:

- **have the skills and experience to provide Counselling Services for children.**

The Catholic Education Commission of Victoria (CECV) has entered into a Bilateral Agreement with DET to enable Catholic schools to engage chaplains through the NSCP.

### Counsellor/Pastoral Care Worker in your school

At All Saints Parish School the Counselling/Pastoral Care service will be provided by:

**School Counsellor: Caitlin Eastwood**

**Phone: 55 233654**

The Counsellor/Pastoral Care Worker will be available in the school as follows:

Monday 8:30 am to 3:30 pm

Tuesday 8:30 am to 3:30 pm

### Type of Service

Counselling Services may be provided in any of the following forms...

(a) in a group/classroom setting (discussions with groups of students), or

(b) on an individual basis (one-on-one discussions with a student following a referral from a parent/guardian)

### Privacy Protection

**All Saints Parish School** values the privacy of every individual and is committed to protecting all personal information collected in schools. All school staff, contractors and agents must comply with Victorian privacy law and applicable CECV/Catholic Education Office (CEO) in the applicable Victorian Dioceses/school privacy and information policies.

In Catholic Schools the management of 'personal information' and 'health information' (**personal information**) is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

Counsellors/pastoral care workers must follow the CECV NSCP *Chaplaincy Information, Records and Reporting Policy* (available on request from **All Saints Parish School** which details how chaplains in schools must handle personal information they collect, consistent with Victorian privacy law.



This section summarises the CECV NSCP *Chaplaincy Information, Records and Reporting Policy*.

### **Purpose of collecting personal information**

Counsellors /Pastoral Care Workers may collect personal information about your child to:

- work as a member of the school's wellbeing team and provide Counselling Services which form part of the wellbeing services available at the school
- assist the school to:
  - provide for the educational, social and emotional wellbeing and health of students
  - meet its duty of care obligations
  - make reasonable adjustments for students with disabilities
  - comply with occupational health and safety obligations

On occasions, your child may discuss other members of your family or other people with a counsellor /pastoral care worker. As a consequence, Counsellors/Pastoral Care Workers may collect personal information about people other than your child.

### **Types of personal information collected**

The types of personal information the Counsellor /Pastoral Care Worker may collect about your child will depend on the nature of the discussions your child has with the Counsellor /Pastoral Care Worker.

Counsellors/Pastoral Care Workers may collect personal information such as your child's address, contact details, information about physical, mental or psychological health, details about any disability your child may have and information about your child's religious beliefs or affiliations.

Counsellors/Pastoral Care Workers will rely on information provided to them to adequately provide the chaplaincy service. If a counsellor /pastoral care worker receives incomplete, inaccurate or outdated information, this may adversely affect the assistance provided by them.

### **Sharing (using/disclosing) personal information**

The CECV NSCP *Chaplaincy Information, Records and Reporting Policy* describes how Counsellors/pastoral care workers may share personal information collected about you or your child with the school principal:

- for any of the primary purposes set out above
- if there is a risk to your child, other person or the public
- as permitted or required by law
- with consent.

### **Storage of personal information**

Counsellors/Pastoral Care Workers will record and store relevant information in accordance with the CECV NSCP *Chaplaincy Information, Records and Reporting Policy*.

### **Accessing personal information**

You can access and correct personal information held by the school about you or your child under Freedom of Information. Please contact your school or the Catholic Education Office in your Diocese.

### **Withdrawal of consent**

You may withdraw your consent at any time by writing to your school. Withdrawing your consent means your child will no longer receive any chaplaincy service.

### **Further information**

General information regarding the NSCP Guidelines are available on the Department of Education and Training (DET) website:

[www.education.vic.gov.au/school/principals/health/Pages/nscpchaplaincy.aspx](http://www.education.vic.gov.au/school/principals/health/Pages/nscpchaplaincy.aspx)



## National School Chaplaincy Program (NSCP) Parent/Guardian Consent for Inclusion in Classroom or Group Wellbeing Sessions.

I authorise and consent to my child participating in classroom or group programs and discussions facilitated by the school counsellor/pastoral care worker.

I confirm that I have read this Consent Form and understand:

- how my child/rens' personal information will be collected and managed by the counsellor/pastoral care worker
- that my consent will continue whilst my child is enrolled in All Saints Parish School
- that I may withdraw my consent at any time by writing to the school Principal
- that if the counsellor/pastoral care worker determines that the chaplaincy service is no longer required for my child, it will cease.

***This consent form is not for one-on-one counselling services. This service requires a separate referral form available from the Principal or the Office Staff.***

Name of student 1			
Name of parent/guardian			
Signature of parent/guardian		Date	
Name of student 2			
Name of parent/guardian			
Signature of parent/guardian		Date	
Name of student 3			
Name of parent/guardian			
Signature of parent/guardian		Date	

I **do not** give permission for my child/children to participate in classroom or group wellbeing sessions with the School Counsellor.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CSEF ELIGIBILITY

Below is the criteria used to determine a student's eligibility for the Camps, Sports and Excursions Fund (CSEF).

### Criteria 1 – Eligibility

To be eligible\* for the fund, a parent or legal guardian of a student attending a registered Government or non-government Victorian primary or secondary school must:

- on the first day of Term one, or;
- on the first day of Term two;
- a) Be an eligible beneficiary within the meaning of the *State Concessions Act 2004*, that is, be a holder of Veterans Affairs Gold Card or be an eligible Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) holder, OR
- b) Be a temporary foster parent, and;
- c) Submit an application to the school by the due date.

\* A special consideration eligibility category also exists. For more information, see: [www.education.vic.gov.au/csef](http://www.education.vic.gov.au/csef)

Parents who receive a Carer Allowance on behalf of a child, or any other benefit or allowance not income tested by Centrelink, are not eligible for the CSEF unless they also comply with one of (a) or (b) above.

### Criteria 2 - Be of school age and attend school in Victoria

School is compulsory for all Victorian children aged between six and 17 years of age inclusive.

For the purposes of CSEF, students may be eligible for assistance if they attend a Victorian registered primary or secondary school. Typically, these students are aged between five and 18 years inclusive.

CSEF is not payable to students attending pre-school, kindergarten, home schooled, or TAFE.

### Eligibility Date

For concession card holders CSEF eligibility will be subject to the parent/legal guardian's concession card being successfully validated with Centrelink on the first day of either term one (29 January 2018) or term two (16 April 2018).

## PAYMENT AMOUNTS

### CSEF payment amount

The CSEF is an annual payment to the school to be used towards camps, sports and/or excursion expenses for the benefit of the eligible student.

- Primary school student rate: \$125 per year.
- Secondary school student rate: \$225 per year.

The CSEF is paid directly to your child's school and will be allocated by the school towards camps, sports and/or excursion costs for your child.

**For ungraded students**, the rate payable is determined by the student's date of birth. For more information, see: [www.education.vic.gov.au/csef](http://www.education.vic.gov.au/csef)

**Year 7 government school students** who are CSEF recipients are also eligible for a uniform voucher. Secondary schools are required to make applications on behalf of parents so please register your interest at the school.

## HOW TO COMPLETE THE APPLICATION FORM

### NOTE: ALL SECTIONS MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN

1. Complete the PARENT/LEGAL GUARDIAN DETAILS section.

Make sure that the Surname, First Name, and Customer Reference Number (CRN) details match those on your concession card. You will also need to provide your concession card to the school.

If you are claiming as a Foster Parent or a Veteran Affairs Pensioner, you will need to provide a copy of documentation confirming your status as a temporary Foster Parent or provide your Veterans Affairs Pensioner Gold card to the school.

2. Complete the STUDENT/S DETAILS section for students at this school.
3. Sign and date the form and return it to the school office as soon as possible. The CSEF program for 2018 closes on 29 June, 2018.

CSEF payments cannot be claimed retrospectively for prior years.

**Queries relating to CSEF eligibility and payments should be directed to the school.**



## CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) APPLICATION FORM

School Name

School REF ID

### Parent/legal guardian details

Surname \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

Town/suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact number \_\_\_\_\_

Centrelink pensioner concession **OR** Health care card number (CRN)

-    -    -  **OR**

☐ Foster parent\* **OR** ☐ Veterans affairs pensioner

\*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

### Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PARENTS / GUARDIANS OCCUPATION GROUP CODES

Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter "N" into the 'occupation code' field on the enrolment form.

GROUP	OCCUPATION
<b>A</b>	<b>Senior management in large business organisation, government administration and defence, qualified professionals</b>
	<p><b>Senior executive/manager/department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public Service Manager</b> (Section head or above), regional director, health/ education/ police/ fire services administrator</p> <p><b>Other administrator</b> (school principal, faculty head, dean, library/ museum/ gallery director/ research facility director)</p> <p><b>Defence Forces</b> Commissioned officer</p> <p><b>Professionals</b> (generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:  <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i>( professional)  <i>Business</i> (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)  <i>Air/sea transport</i> (aircraft/ship's captain/ officer/ pilot/ flight officer/flying instructor/air traffic controller).</p>
<b>B</b>	<b>Other business managers, arts/ media/ sportspersons and associate professionals</b>
	<p><b>Owner Manager</b> of farm, construction, import/ export, wholesale, manufacturing, transport, real estate business</p> <p><b>Specialist Manager</b> (finance/ engineering/ production/ personnel/ industrial relations /sales/ marketing</p> <p><b>Financial Services Manager</b> (bank branch manager, finance/investment/ insurance broker, credit/ loans officer).</p> <p><b>Retail sales/Services Manager</b> (shop, petrol station, restaurant, club, hotel/ motel, cinema, theatre, agency)</p> <p><b>Arts / Media / Sports</b> (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official)</p> <p><b>Associate professionals</b> – generally have diploma /technical qualifications and support managers and professionals:  <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i> technician ( associate professional)  <i>Business /administration</i> (recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, officer/project manager)  <i>Defence Forces</i> senior Non-Commissioned Officer</p>

GROUP	OCCUPATION
C	<b>Tradesmen/women, clerks and skilled office, sales and service staff</b>
	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> (bookkeeper, bank/ PO clerk, statistical, actuarial clerk, accounting/ inventory clerk, purchasing/ order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)</p> <p><b>Skilled office, sales and service staff:</b>  <i>Office</i> (secretary, personal assistant, desktop publishing operator, switchboard operator)  <i>Sales</i> (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)  <i>Service</i> (aged/disabled/refugee/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor).</p>
D	<b>Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant, production/processing machinery and other machinery operators</b>
	<p><b>Hospitality staff</b> (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)</p> <p><b>Office assistants, sales assistants and other assistants:</b>  <i>Office</i> (typist, word processing / data entry/ business machine operator, receptionist, office assistant)  <i>Sales</i> (sales assistant, motor vehicle /caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)  <i>Assistant/aide</i> (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</p> <p><b>Labourers and related workers</b>  <i>Defence Forces</i> –  Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)  <i>Other worker</i> (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).</p>
N	<b>Not been in paid work in the last 12 months.</b>

## IMPORTANT CHECKLIST

### Before you return your enrolment form, have you:

- Ensured both parents/guardians have signed the relevant sections
- Signed the bottom of the "*Enrolment Understanding*" form (paying particular attention to the understanding that families are responsible for school fees until they are fully paid, even if student no longer attending All Saints).
- Signed the *Permission slip statements* on the back of the "Enrolment Understanding" form
- Read and sign the Privacy Statement
- Filled in the "*Medical Alert Information*" form if your child has a medical condition that the school needs to be aware of i.e. asthma, diabetes, anaphylaxis etc.
- Completed Camps Sports and Excursions Fund if you have a valid Health Care or Pension Card

### Have you included copies of:

- ☐ Child's Birth Certificate
- ☐ Immunization Certificate (*approved certificate only*)
- ☐ Copy of your Baptism/Sacrament Certificates if any
- ☐ Copy of Health Care or Pension Card – must be presented to receive fee discounts
- ☐ Completed Camps, Sports and Excursions Fund if eligible

This form can now be returned to the school office at All Saints Primary School

***Thank you for taking the time to fill in this form correctly. We know it is a lot of information so we hope this checklist sheet helps you.***