

**APPLICATION FOR ENROLMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | | | |
| STUDENT NAME |  | | | | | |
| CURRENT SCHOOL |  | | | | | |
| STUDENT ADDRESS |  | | | | | |
| PARENT/CARER NAME |  | | | | | |
| PARENT/CARER PHONE |  | | | | | |
| PARENT/CARER EMAIL |  | | | | | |
| FINANCIAL RESPONSIBILITY |  | | | | | |
| **OFFICE USE ONLY** | | | | | | |
| CATCHMENT | * YES | * NO | STAFF VERIFIED |  | | |
| SIBLING | * YES | * NO |  | | | |
| DATE APPLICATION RECEIVED | / / | | RECEIVED BY |  | | |
| YEAR LEVEL | □ 7 | □ 8 | □ 9 | □ 10 | □ 11 | □ 12 |
| YEAR OF ENROLMENT | □ 2024 | | □ 2025 | | □ 2026 | |
| ENROLMENT INTERVIEW | DATE: WITH:  / / | | | | COMPLETED □ | |
| ENROLMENT START DATE | / / | | | | | |



**ENROLMENT GUIDE**

**Steps to Enrolment**

**Step 1:** Complete an Enrolment Application and relevant documents as per the checklist (see page 3 of Enrolment Application)

**Step 2:** Return completed Enrolment Application and relevant documents as per the checklist (page 3)

**Step 3:** All documents can be returned in person to Administration or via email at: [enrolments@rosewoodshs.eq.edu.au](mailto:enrolments@rosewoodshs.eq.edu.au)

**Year 7 – 12** – You will receive an invitation to attend an Enrolment Information Session if your enrolment is for the following year OR an Enrolment Interview time if commencing ASAP

**Successful Enrolment**

**Year 7 Enrolment for the following year -** Upon acceptance after a successful enrolment application and interview, students commencing Year 7 will start on the first day of the new school year. Please note Transition Day details below.

**Enrolments starting ASAP** – If a student is commencing throughout the year the administration team will advise of their commencement date in consultation with the family. Students are to arrive wearing their full school uniform and report to administration by 8:30am. Students will receive their timetable and be escorted to their first class.

**TRANSITION DAY (YEAR 7 ONLY)**

The Monday of Week 10, Term 4 is the date for all future enrolled Year 7 students to come and spend the day at Rosewood State High School. This orientation day enables students to meet teachers, see the school and partake in some classes.

All students must have an enrolment application fully completed to attend. Students are to arrive at Rosewood State High School by 8:30am to start the day.

Transport to and from the Transition Day is to be organised by parents/caregivers.

Page 2



**ENROLMENT CHECKLIST**

|  |  |  |
| --- | --- | --- |
| The checklist below allows for a smooth enrolment application process. Please tick (√) to ensure you have completed and included the following documents with your Application for Enrolment into Rosewood State High School.   * Please ensure you bring originals of **ALL** documents required or email with your application. * Please ensure all appropriate forms are **FULLY COMPLETED** before returning to the school for the enrolment interview | | |
| **APPLICANT NAME** |  |  |
| **All forms completed and signed** | **Parent checklist please √** | **OFFICE USE ONLY** |
| Application for Enrolment |  |  |
| Driver’s Licence - original sighted and copied |  |  |
| Medicare Card – original sighted and copied |  |  |
| **Student Identification and information** | | |
| Birth Certificate – original must be sighted and copied |  |  |
| Student’s School Reports – 2 recent reports |  |  |
| NAPLAN Report – most recent |  |  |
| Relevant Legal Guardianship Documentation |  |  |
| **Acceptable Proof of Residency** | | |
| **Home Owner:**   * Signed, unconditional sale agreement or * Current Council Rates notice; and * Current account for supply of domestic electricity (showing usage) |  |  |
| **Lease Holder:**   * Current Rental Agreement stamped and signed by real estate agency (lease must extend past child’s expected start date); or * Department of Housing, State Tenancy Agreement; or * Authority (RTA) for lodgement of the rental bond; and * Current account for supply of domestic electricity (showing usage) |  |  |
| **Students living with a relative or other person within catchment:**  **In addition to the documents listed above, students living with a relative/other person within catchment must provide the following:**   * Properly sworn Statutory Declaration from the student’s parent/legal guardian; and * Properly sworn Statutory Declaration from the person/s the student will be residing with in- catchment * Statutory Declaration form provided upon request |  |  |

Page 3

*Education (General Provisions) Act 2006* Section 155(1) Approved form SEF – 1 V8



##### Application for student enrolment form

**INSTRUCTIONS**

Please refer to the *Application to enrol in a Queensland state school* information sheet at the end of this form when completing this application. Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of your application as soon as practicable.

Failure or refusal to complete those sections of the form marked with an (\*) or to provide required documentation may result in a refusal to process your application. These questions and your consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (\*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

**PRIVACY STATEMENT**

The Department of Education (DoE) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006* (Qld) (EGPA 2006), and in particular for:

1. assessing whether your application for enrolment should be approved
2. meeting reporting obligations required by law or under Federal – State Government funding arrangements
3. administering and planning for providing appropriate education, training and support services to students
4. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
5. communicating with students and parents.

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DoE will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014 (Qld)*.

Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the *Social Security (Administration) Act 1999 (Cth).* De-identified information concerning parents’ school and non-school education, occupation group and main language other than English and students’ country of birth, main language other than English, gender and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the school in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact the school in the first instance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS** | | | | |
| **Legal family name\***  **(as per birth certificate)** |  | | | |
| **Legal given names\***  **(as per birth certificate)** |  | | | |
| **Preferred family name** |  | | **Preferred given names** |  |
| **Gender\*** | **Male** | **Female** | **Date of birth\*** | **/ /** |
| **Copy of birth certificate available to show school staff\*** | **Yes** | **No** | Enrolment may not be approved without enrolling staff sighting the prospective student’s birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate.  The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted.  For international students approved for enrolment by EQI, a passport or visa will be acceptable. | |
| **For prospective mature age students, proof of identity supplied and copied\*** | **Yes** | **No** | Prospective mature age students must provide photographic identification which proves their identity:   * current driver’s licence; or * adult proof of age card; or * current passport. | |

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29/04/2021 Page 1 of 9

Application for Student Enrolment Form SEF – 1 V8

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| --- | --- | --- | --- | --- |
| **APPLICATION DETAILS** | | | | |
| **Has the prospective student ever attended a Queensland state school?** | **Yes No** | **If yes, provide name of school and approximate date of enrolment.** | | |
| **What year level is the prospective student seeking to enrol in?** |  | **Please provide the appropriate year level.** | | |
| **Proposed start date** | **/ /** | **Please provide the proposed starting date for the prospective student at this school.** | | |
| **Does the prospective student have a sibling attending this school or any other Queensland state school?** | **Yes No** | **If yes, provide name of sibling, year level, date of birth, and school** | **Name:** |  |
| **Year Level** |  |
| **Date of birth** | **/ /** |
| **School** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDIGENOUS STATUS** | | | | |
| **Is the prospective student of Aboriginal or Torres Strait Islander origin?** | **No** | **Aboriginal** | **Torres Strait Islander** | **Both Aboriginal and Torres Strait Islander** |

|  |  |  |
| --- | --- | --- |
| **FAMILY DETAILS** | | |
| **Parents/carers** | **Parent/carer 1** | **Parent/carer 2** |
| **Family name\*** |  |  |
| **Given names\*** |  |  |
| **Title** | **Mr Mrs Ms Miss Dr** | **Mr Mrs Ms Miss Dr** |
| **Gender** | **Male Female** | **Male Female** |
| **Relationship to prospective student\*** |  |  |
| **Is the parent/carer an emergency contact?\*** | **Yes No** | **Yes No** |
| **1st Phone contact number\*** | **Work/home/mobile** | **Work/home/mobile** |
| **2nd Phone contact number\*** | **Work/home/mobile** | **Work/home/mobile** |
| **3rd Phone contact number\*** | **Work/home/mobile** | **Work/home/mobile** |
| **Email** |  |  |
| **Occupation** |  |  |
| **What is the occupation group of the parent/carer?** | **(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter ‘8’)** | **(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter ‘8’)** |
| **Employer name** |  |  |
| **Country of birth** |  |  |
| **Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)** | **No, English only**  **Yes, other – please specify**  **Needs interpreter? Yes No** | **No, English only**  **Yes, other – please specify**  **Needs interpreter? Yes No** |
| **Is the parent/carer an Australian citizen?** | **Yes No** | **Yes No** |
| **Is the parent/carer a permanent resident of Australia?** | **Yes No** | **Yes No** |

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29/04/2021

Page 2 of 9

Application for Student Enrolment Form SEF – 1 V8

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| --- | --- | --- | --- | --- | --- | --- |
| **FAMILY DETAILS** (continued) | | | | | | |
| **Parents/carers** | **Parent/carer 1** | | | **Parent/carer 2** | | |
| **Address line 1** |  | | |  | | |
| **Address line 2** |  | | |  | | |
| **Suburb/town** |  | | |  | | |
| **State** |  | **Postcode** |  |  | **Postcode** |  |
| **Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')** | | | | | | |
| **Address line 1** |  | | |  | | |
| **Address line 2** |  | | |  | | |
| **Suburb/town** |  | | |  | | |
| **State** |  | **Postcode** |  |  | **Postcode** |  |
| **Parent/carer school education** | **What is the *highest* year of schooling parent/carer 1 has completed?** (For people who have never attended school, mark 'Year 9 or equivalent or below') | | | **What is the *highest* year of schooling parent/carer 2 has completed?** (For people who have never attended school, mark 'Year 9 or equivalent or below') | | |
| **Year 9 or equivalent or below**  **Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent** |  | | |  | | |
| **Parent/carer non-school education** | **What is the level of the *highest* qualification parent/carer 1 has completed?** | | | **What is the level of the *highest* qualification parent/carer 2 has completed?** | | |
| **Certificate I to IV** (including trade certificate)  **Advanced Diploma/Diploma**  **Bachelor degree or above**  **No non-school qualification** |  | | |  | | |

|  |  |
| --- | --- |
| **COUNTRY OF BIRTH\*** | |
| **In which country was the prospective student born?** | **Australia**  **Other (please specify country)**  **Date of arrival in Australia / /** |
| **Is the prospective student an Australian citizen?** | **Yes No** (if no, evidence of the prospective student's immigration status to be completed) |

|  |  |
| --- | --- |
| **PROSPECTIVE STUDENT LANGUAGE DETAILS** | |
| **Does the prospective student speak a language other than English at home?** | **No, English only**  **Yes, other – please specify** |

|  |  |  |
| --- | --- | --- |
| **EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS** (to be completed if this person is NOT an Australian citizen)\* | | |
| **Permanent resident** | **Complete passport and visa details section below** | |
| **Student visa holder** | **Date of arrival in Australia /\_ /** | **Date enrolment approved to: / /** |
| **EQI receipt number:** | |
| **Temporary visa holder** | **Complete passport and visa details section below. Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI** | |
| **Other, please specify** |  | |

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29/04/2021

Page 3 of 9

Application for Student Enrolment Form SEF – 1 V8

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| --- | --- | --- | --- |
| **EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS**\* (continued) | | | |
| **Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen). NOTE: A permanent resident will have a visa grant notification with an indefinite stay period indicated.**  **For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or ‘Document to travel to Australia’ with ‘stay indefinite’ recorded must be sighted by the school.** | | | |
| **Passport number** |  | **Passport expiry date** | **/ /** |
| **Visa number** |  | **Visa expiry date** (if applicable) | **/ /** |
| **Visa sub class** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROSPECTIVE STUDENT’S PREVIOUS EDUCATION / ACTIVITY** | | | |
| **Where does the prospective student come from?** | **Queensland interstate** | **overseas** | |
| **Previous education/activity** | **Kindergarten School Part-time employment** | **VET Home education Other** | **Full-time employment** |
| **Please provide name and address of education provider/activity provider/employer** |  | | |

|  |  |
| --- | --- |
| **RELIGIOUS INSTRUCTION\*** | |
| **From Year 1, the prospective student may participate in religious instruction if it is available.**  **If you tick ‘No’ or if the nominated religion is not represented within the school’s religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.**  **Parents/carers may change these arrangements at any time by notifying the principal in writing.** | **Do you want the prospective student to participate in religious instruction?** |
| **Yes No** |
| **If ‘Yes’, please nominate the religion:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROSPECTIVE STUDENT ADDRESS DETAILS\*** | | | | | |
| **Principal place of residence address** | | | | | |
| **Address line 1** |  | | | | |
| **Address line 2** |  | | | | |
| **Suburb/town** |  | **State** |  | **Postcode** |  |
| **Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')** | | | | | |
| **Address line 1** |  | | | | |
| **Address line 2** |  | | | | |
| **Suburb/town** |  | **State** |  | **Postcode** |  |
| **Email** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT DETAILS** (Other emergency contact details if parents/carers listed previously are not emergency contacts or cannot be contacted. At least one emergency contact must be provided)\* | | |
|  | **Emergency contact** | **Emergency contact** |
| **Name** |  |  |
| **Relationship** (e.g. aunt) |  |  |
| **1st phone contact number\*** | Work/home/mobile | Work/home/mobile |
| **2nd phone contact number\*** | Work/home/mobile | Work/home/mobile |
| **3rd phone contact number\*** | Work/home/mobile | Work/home/mobile |

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29/04/2021

Page 4 of 9

Application for Student Enrolment Form SEF – 1 V8

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| --- | --- | --- | --- | --- | --- |
| **PROSPECTIVE STUDENT MEDICAL INFORMATION** (including allergies)\* | | | | | |
| ***Privacy Statement***  ***The Department of Education (DoE) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. DoE will not use this information to make a decision about a prospective student’s eligibility for enrolment. The information will only be used by authorised employees of the department and DoE will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006.***  **It is essential that the school is advised before the prospective student’s first day of attendance if the prospective student has any medical conditions. The school administration staff must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.**  **Should the prospective student need to take routine medication during school hours, the *Parent consent to administer medication at school* form must be completed before school staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. For emergency medication the school will also require a doctor’s letter containing detailed instructions and or a signed Action Plan / Emergency Health Plan. Parent consent and health plans must be reviewed annually. All original documentation will be retained at the office and copies of Action or Emergency Health Plans kept with the student.** | | | | | |
| **No known medical conditions** | | |  | | |
|  | **Medical condition (including allergies/sensitivities), symptoms and management** (please refer to the list of medical condition categories provided) |  |  | | |
|  | **Medical condition (including allergies/sensitivities), symptoms and management** (please refer to the list of medical condition categories provided) |  |  | | |
|  | **Medical condition (including allergies/sensitivities), symptoms and management** (please refer to the list of medical condition categories provided) |  |  | | |
| **Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)?** This is for the purpose of informing planning for school activities such as sport and school excursions. | | | **No Yes, please specify** | | |
| **Name of prospective student's medical practitioner** (optional) | | |  | **Contact number of medical practitioner** |  |
| **Medicare card number**  (optional) | | |  | **Position Number** |  |
| **Cardholder name** (if not in name of prospective student) | | |  | | |
| **Private health insurance company name (if covered)** (optional) | | |  | **Private health insurance membership number** (leave blank if company name is not provided) |  |
| **I authorise school staff to contact the prospective student’s medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event), and to provide Medicare card details if required?** (answer only if medical practitioner and Medicare card details have been provided above) | | | | | **Yes No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURT ORDERS\*** | | | | |
| **Out-of-Home Care Arrangements\*** | | | | |
| **Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children’s Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.** | | | | |
| **Is the prospective student identified as residing in out-of-home care?** | **Yes No** | | | |
| **If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.** | **Commencement date** | / \_/ | | |
| **End date** |  | / | \_/ |
| **Contact details of the Child Safety Officer (if known)** | **Name** |  | | |
| **Phone number** |  | | |

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29/04/2021

Page 5 of 9

Application for Student Enrolment Form SEF – 1 V8

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| **COURT ORDERS\*** (continued) | | | | |
| **Family Court Orders\*** | | | | |
| **Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?** | **Yes No** | | | |
| **If yes, what are the dates of the court order? Please provide a copy of the court order.** | **Commencement date** | / \_/ | | |
| **End date** |  | / | \_/ |
| **Other Court Orders\*** | | | | |
| **Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?** | **Yes No** | | | |
| **If yes, what are the dates of the court order? Please provide a copy of the court order.** | **Commencement date** |  | / | \_/ |
| **End date** |  | / | \_/ |

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| **APPLICATION TO ENROL\*** | | | | | | | | | |
| I hereby apply to enrol my child or myself at .  I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge. | | | | | | | | | |
|  | **Parent/carer 1** | | | **Parent/carer 2** | | | **Prospective student (if student is mature age or independent)** | | |
|  |
| **Signature** |  | | |  | | |  | | |
| **Date** |  | **/** | **/** |  | **/** | **/** |  | **/** | **/** |

**Office use only**

**Enrolment decision**

**Has the prospective student been accepted for enrolment? Yes No (applicant advised in writing)**

**If no, indicate reason:**

**Does not meet School EMP or Enrolment Eligibility Plan requirements Prospective student is mature age and school is not a mature age state school Does not meet Prep age eligibility requirement**

**Prospective student is subject to suspension from a state school at the time of enrolment application Does not meet requirements for enrolment in a state special school**

**Does not have an approved flexible arrangement with the school**

**School does not offer year level prospective student is seeking to be enrolled in Prospective student has no remaining semester allocation of state education**

**Date enrolment processed**

**/ /**

**Year level**

**Roll Class**

**EQ ID**

**Independent student**

**Yes No**

**Birth certificate/passport sighted, number recorded and DOB confirmed**

**Yes No Number:**

**Is the prospective student over 18 years of age at the time of enrolment? Yes No**

**If yes, is the prospective student exempt from the mature age student**

**process? Yes No**

**If no, has the prospective mature age student consented to a criminal**

**history check? Yes No**

**School house/ team**

**EAL/D support**

**FTE**

**Associated unit**

**Visa and associated documents sighted**

**Yes No**

**EQI category**

**SV – student visa EX – exchange student**

**TV – temporary visa DE – distance education DS – dependent – parent on student visa**

**Yes No**

**To be determined**

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29/04/2021

Page 6 of 9

**Parental occupation groups for use with parent/carer details**

Application for Student Enrolment Form SEF – 1 V8

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** [section head or above], regional director, health/education/police/fire services administrator **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director] **Defence Forces** commissioned officer

**Professionals** generally have degrees 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

**Health, education, law, social welfare, engineering, science, computing** professional

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship’s captain/officer/pilot, flight officer, flying instructor, air traffic controller].

**Group 2: Other business managers, arts/media/sportspeople and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof-reader, sportsperson, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals

**Health, education, law, social welfare, engineering, science, computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** senior Non-Commissioned Officer.

**Group 3: Tradespeople, clerks and skilled office, sales and service staff**

**Tradespeople** generally have completed a four year trade certificate, usually by apprenticeship. All tradespeople are included in this group

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff:**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

**Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

**Office assistants, sales assistants and other assistants:**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [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]

**Assistant/aide** [trades’ assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

**Group 8: Have not been in paid work in the last 12 months**

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29/04/2021

Page 7 of 9

**State schools standardised medical condition category list**

Application for Student Enrolment Form SEF – 1 V8

|  |
| --- |
| Acquired brain injury |
| Allergies/Sensitivities |
| Anaphylaxis |
| Airway/lung/breathing - Oxygen required (continuously/periodically) |
| Airway/lung/breathing - Suctioning |
| Airway/lung/breathing - Tracheostomy |
| Airway/lung/breathing - Other |
| Artificial feeding - Gastrostomy device (tube or button) |
| Artificial feeding - Nasogastric tube |
| Artificial feeding - Jejunostomy tube |
| Artificial feeding - Other |
| Asthma |
| Asthma – student self-administers medication |
| Attention-deficit /Hyperactivity disorder (ADHD) |
| Autism Spectrum Disorder (ASD) |
| Bladder and bowel - Urinary wetting, incontinence |
| Bladder and bowel - Faecal soiling, constipation, incontinence |
| Bladder and bowel - Catheterisation (continuous, clean intermittent) |
| Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair |
| Bladder and bowel - Other |
| Blood disorders - Haemophilia |
| Blood disorders - Thalassaemia |
| Blood disorders - Other |
| Cancer/oncology |
| Coeliac disease |
| Cystic Fibrosis |
| Diabetes - type one |
| Diabetes - type two |
| Ear/hearing disorders - Otitis Media (middle ear infection) |
| Ear/hearing disorders - Hearing loss |
| Ear/hearing disorders - Other |
| Epilepsy - Seizure |
| Eye/vision disorders |
| Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid |
| Heart/cardiac conditions - Heart valve disorders |
| Heart/cardiac conditions - Heart genetic malformations |
| Heart/cardiac conditions - other |
| Mental Health - Depression |
| Mental Health - Anxiety |
| Mental Health - Oppositional defiant disorder |
| Mental Health - Other |
| Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump) |
| Muscle/bone/musculoskeletal disorders - Other |
| Skin Disorders - eczema |
| Skin Disorders - psoriasis |
| Swallowing/dysphagia - requiring modified foods |
| Swallowing/dysphagia - requiring artificial feeding |
| Transfer & positioning difficulties |
| Travel/motion sickness |
| Other |

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29/04/2021

Page 8 of 9

**Application to enrol in a Queensland state school**

Application for Student Enrolment Form SEF – 1 V8

**This sheet contains information on how to complete the Application for student enrolment form (SEF-1 Version 8).**

**Entitlement to enrolment**

Under the *Education (General Provisions) Act 2006 (Qld)* a state school must enrol a prospective student if they are entitled to enrolment. While not exhaustive, the following matters may affect a prospective student’s entitlement to enrol in a state school:

* if the school has a School Enrolment Management Plan or an Enrolment Eligibility Plan (enrolment is subject to eligibility under the plan)
* the applicant is a prospective mature age student (the applicant can only apply for enrolment at a mature age state school and will be subject to a satisfactory criminal history check, or as a student in a program of distance education. All prospective mature age students must have a remaining allocation of state education.)
* the prospective student is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
* the prospective student has been excluded, or is subject to suspension from a state school at the time of the application
* the school principal reasonably believes that the prospective student presents an unacceptable risk to the safety or wellbeing of members of the school community (application is referred to the Director-General)
* the school is a state special school and the prospective student does not meet the criteria for enrolment in a special school
* the proposed enrolment requires approval as part of a flexible arrangement under s.183 of the *Education (General Provisions) Act 2006 (Qld)*, and the arrangement has not yet been approved
* the prospective student is not an Australian resident or citizen or the child of an Australian permanent resident or citizen (visa restrictions may apply, fees may be charged, in some cases legislation requires that the prospective student must obtain approval from the Chief Executive via Education Queensland International (EQI) to enrol)
* the school does not offer the year level that the prospective student should be enrolled in
* the prospective student has no remaining semester allocation of state education. Enrolment cannot proceed until additional semesters are applied for by the prospective student (or parent on their behalf) and granted.

**Prospective student**

A prospective student is a person who has applied to enrol at a state school but who has not yet been accepted for enrolment.

**Parent’s occupation and education**

All parents across Australia, no matter which school their child attends, are asked to provide information about family background (answering this question is optional). The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

**Court Orders**

Any court orders concerning the prospective student’s welfare, safety or parenting arrangements should be provided to the school, and the school should also be provided with any new or updated orders.

**Name on enrolment form**

A prospective student should be enrolled under their legal name as per their birth certificate. There is provision to also record a preferred family and/or given name. The preferred name will be used on internal school documents such as class rolls. The legal name will appear on semester reports unless there is a specific request to use the preferred name only. This request can come from parents/carers or the student (if the student is independent/mature age).

**Gender**

Information about gender is supplied to the Federal Government to comply with State funding agreements. The gender category with which a person identifies may not match the sex they were assigned at birth. There is no requirement for a student’s gender recorded on this form to align with the sex shown on their birth certificate or passport.

**Religious Instruction**

Religious instruction is a program approved and provided by a religious denomination or religious society. Other instruction relates to part of a subject area that has been covered within the curriculum and may include, but is not limited to, personal research and/or assignments, revision of class work, and wider reading. Information about religious instruction available at the school, and about other instruction, is provided by the school at the time of enrolment and on the school’s website.

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29/04/2021

Page 9 of 9



**STUDENT SUPPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT SUPPORT DETAILS** (complete as appropriate and provide details/reports with application) | | | | | |
| *Has the student been identified with any of the following:* | | | | Diagnosed | Report/Document |
| * Hearing Impairment | | | | * YES □ NO | * YES □ NO |
| * Speech Language Impairment | | | | * YES □ NO | * YES □ NO |
| * Physical Impairment | | | | * YES □ NO | * YES □ NO |
| * Intellectual Disability | | | | * YES □ NO | * YES □ NO |
| * Autistic Spectrum Disorder | | | | * YES □ NO | * YES □ NO |
| * Vision Impairment | | | | * YES □ NO | * YES □ NO |
| * Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder | | | | * YES □ NO |  |
| *Has the student received* ***learning support*** *in the past?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Has the student received support from a* ***Special Education Program****?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Does the student have* ***English as a Second Language or EAL/D****?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Has the student received* ***speech language*** *support in the past?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Has the student been identified as* ***gifted & talented****?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Has your student experienced* ***behavioural incidents*** *during their time at school?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Is the student in the care of* ***Department of Child Safety -DOCS****?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Are there any* ***court orders or legal matters*** *relating to the student?* | | | | * YES | * NO |
| *Details* | | | | | |
| *Any other relevant information in relation to the* ***support of the student****?* | | | | * YES | * NO |
| *Details* | | | | | |
| **RECENT TESTS** | | | | | |
| Hearing test | * YES □ NO | Date: \_\_/ / | Eye test | * YES □ NO | Date: \_\_/ / |
| **MEDICAL HISTORY – Has your student seen any of the following?** | | | | | |
|  | | Contact Name | | | Phone Number |
| * Guidance Officer | |  | | |  |
| * Speech Language Pathologist | |  | | |  |
| * Optometrist | |  | | |  |
| * Audiologist | |  | | |  |
| * Paediatrician | |  | | |  |
| * Psychologist | |  | | |  |
| * Occupational Therapist | |  | | |  |
| * Physiotherapist | |  | | |  |
| Other (please specify) | |  | | |  |

Page 4



**MEDICAL CONDITIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDICAL CONDITION DETAILS** (complete as appropriate and provide details/reports /plans with application) | | | | | |
| *Medical Condition identified in Enrolment – please complete where applicable.* | | **Diagnosed** | **Self-Managed**  *(Yes: Complete* ***Section B*** *– Consent to Administer Medication)* | **Action Plan Required** | **Action Plan/Medical Authority Submitted** |
| * Asthma | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Allergies | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Anaphylaxis | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Epilepsy | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Diabetes (Type - ) | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * ADHD | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Cystic Fibrosis | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Other (please state) | | * YES □ NO | * YES □ NO | * YES □ NO | * YES □ NO |
| * Medication required to be administered at school | | * YES □ NO | **Please complete the following forms with medical approval:** | | |
| * Consent to administer medication **or** | | |
| * Medication order to administer ‘as needed’ medication | | |
| * Consent Form Share Student Personal Information third parties | | |
| **Medical Condition Management** | | | | | |
| *Details of* ***Asthma*** *Management:* | | | | | |
| *Details of* ***Allergies*** *(Types):* | | | | | |
| *Details of* ***Anaphylaxis*** *Management:* | | | | | |
| *Details of* ***Epilepsy*** *Management:* | | | | | |
| *Details of* ***Diabetes*** *Management:* | | | | | |
| *Details of* ***Cystic Fibrosis*** *Management:* | | | | | |
| *Details of* ***ADHD*** *Management:* | | | | | |
| *Details of Other Management:* | | | | | |
| **MEDICAL PROFESSIONALS – Has your student seen any of the following?** | | | | | |
|  | Contact Name | | | | Phone Number |
| * GP |  | | | |  |
| * Paediatrician |  | | | |  |
| * Psychologist |  | | | |  |
| * Specialist of Field |  | | | |  |
| Other (please specify) |  | | | |  |

Page 5



**ENROLMENT AGREEMENT**

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at Rosewood State High School.

**Responsibility of student to:**

* + attend school on every day for the education program in which they are enrolled, on time, ready to learn and take part in school activities
  + act at all times with respect and show tolerance towards other students and staff
  + work hard and comply with request or directions from the teacher and principal
  + abide by school rules as outlined in the school’s Student Code of Conduct for students, including not bringing items to school which could be considered as weapons (eg: dangerous items such as knives)
  + meet homework requirements and wear the school uniform
  + respect the school property

**Responsibility of parents/carers to:**

* + ensure your child attends school on every school day for the educational program in which they are enrolled
  + attend open meetings for parents
  + let the school know if there are any problems that may affect your child’s ability to learn
  + ensure your child complete homework regularly in keeping with the school’s homework policy
  + inform school of student absences and reasons for absences in a timely manner
  + treat school staff with respect
  + support the authority of school staff thereby supporting their efforts to educate your child and assist your child to achieve maturity, self discipline and self control
  + not allow your child to bring dangerous or inappropriate items to school
  + abide by school’s instructions regarding access to school grounds before, during and after school hours
  + advise Principal if your student is in the care of the State
  + keep the school informed of any changes to student’s details, such as student’s home address and phone number

**Responsibility of school staff to:**

* design and implement engaging and flexible learning experiences for individuals and groups
* inform parents and carers regularly about how their children are progressing
* design and implement intellectually challenging learning experiences which develop language, literacy and numeracy
* create and maintain safe and supportive learning environments
* support personal development and participation in society
* foster positive and productive relationships with families and the community
* inform students, parents and carers about what the teachers aim to teach the students each term
* teach effectively and to set the highest standards in work and behaviour
* clearly articulate the school’s expectations regarding the Students Code of Conduct for students and the school’s Uniform Policy
* ensure that parents and carers are aware that the school does not have personal accident insurance cover for students
* advise parents and carers of extra-curricular activities operating at the school in which their child may become involved
* set, mark and monitor homework regularly in keeping with the school’s homework policy
* contact parents and carers as soon as is possible if the school is concerned about the child’s school work, behaviour, attendance or punctuality
* deal with complaints in an open, fair and transparent manner in accordance with departmental procedure, Complaints Management – State Schools.
* treat students and parents/carers with respect

Page 6



**ENROLMENT AGREEMENT (cont)**

|  |  |
| --- | --- |
| **AGREEMENT** | |
| I accept the rules and regulations of Rosewood State High School as stated in the school policies that can be viewed on the school’s website - [www.rosewoodshs.eq.edu.au](http://www.rosewoodshs.eq.edu.au/) | |
|  | Please Initial |
| Student Code of Conduct |  |
| Attendance Policy |  |
| School Dress Code Policy |  |
| Social Media Policy |  |
| Personal Digital Device Policy |  |
| ICT Acceptable Use Policy |  |
| Complaints Management Policy |  |
| Insurance Cover |  |
| **I acknowledge:**   * That I have read and understood the responsibilities of the student, parents or carers and the school staff outlined above; and * That information about the school’s current rules, policies, programs and services, as outlined above has been provided and explained to me * I hereby declare that the information given in the enrolment form is true and correct at the date of enrolment and understand that incorrect information or disagreement with school policy and procedures may render this enrolment invalid. | |
| **SIGNATURE** | **DATE** |
| **Student:** | \_/ \_/ |
| **Parent/Carer:** | \_/ \_/ |
| **On behalf of Rosewood State High School:** | \_/ \_/ |

Page 7

* **Queensland** Government

**State School Consent Form**

**0 *IDENTIFY THE PERSON* TO *WHOM THE CONSENT RELATES***

* + **Parent/carer to complete**
  + **Mature/independent students may complete on their own behalf** (if under 18 a witness is required). (a) Full name of individual: ..........................................................................................................................

(b) Date of birth: ........................................................

(c) Name of school: ... ......... ................................. ................................

{d) Name to be used in association with the person's personal information and materials\* (please select):

D Full Name D First Name D No Name 0 Other Name ............................................................ .

* + - *Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use* a *student's name at its discretion.*

•• *For school photos Full Name will be used unless* a *limitation is given in Section* 5 *below.*

**8**

***PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM***

(a) **Personal information** that may identify the person in section 1:

Name (as indicated in section 1) Image/photograph School name Recording (voices and/or video) > Year level

{b) **Materials** created by the person in section 1:

Sound recording Artistic work Written work Video or image

Software Music score . Dramatic work

**e**

***APPROVED PURPOSE***

If consent is given in section 6 of the form:

* The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
  + Any activities engaged in during the ordinary course of the provision of education (including assessment),

or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.

* + Promoting the success of the person in section 1, including their academic, sporting or cultural achievements:
  + Any other activities identified in section 4{b) below.
* The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
  + the school's newsletter and/or website;
  + social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);

year books/annuals and school photographs;

* + promotional/advertising materials; and
  + presentations and displays.

***0 TIMEFRAME FOR CONSENT***

**School representative to complete.**

1. Timeframe of consent: duration of enrolment.

**e**

1. Further identified activities not listed in the form and letter for the above timeframe:

***LIMITATION OF CONSENT***

The Individual and/or parent wishes to limit consent in the following way:

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to ensure you have the most current version of this document. Page 3 of 4

### Queensland

. Government

**G** *CONSENT AND AGREEMENT*

... CONSENTER - Iam (tick the applicable box):

O parent/carer of the identified person in section 1

D the identified person in section 1 (if a mature/independent student or employee including volunteers)

D recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3.

By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, Igrant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. Iaccept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Print name of student

Print name of consenter ...........................................................................................................................

Signature or mark of consenter ...................................................... .......................................................... Date .................................... ................

Signature or mark of student (if applicable) .............................................................................................. Date ....................................................

*SPECIAL CIRCUMSTANCES*

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

... WITNESS - for consent from an independent student or where the explanatory letter and State School Consent Form were read

I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications.

Print name of witness ........................................................ ................................................................................ .

Signature of witness ............................................................................................................................................ Date ...........................................................

*..,.* Statement by the person taking consent - when it is read

I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified materials will be used in accordance with the State School Consent Form
2. reference to the identified person will be in the manner consented
3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consenter.

Print name and role of person taking the consent ................................................................................ ..............

Signature of person taking the consent ............................................................................................................ . Date ........................................ ...................

Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. The information will be used and disclosed by authorised school employees for the purposes outlined on the form. Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first instance.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at https://ppr.qed.gld.9011.aufoo/obtainl no-and-managlng-student-and-lndlvidual-consent-procedure

.a .. - -- ··-- .... .. 1......- .\_.\_ \_ -- - - • -··-·-• ···-- 1 .. .. .K. 11.r .. ···-- --• """ - -- • *... 1* •

### Queensland

*r -··------*



**THIRD PARTY WEBSITE CONSENT FORM**

**Privacy Notice**

The Department of Education is collecting the personal information on this form in order to obtain consent regarding the use of online services. This information and completed form will be stored securely. Personal information collected on this form may also be used by or disclosed to third parties by the Department where authorised or required by law. If you wish to access or correct any of the personal information on this form, or discuss how it has been dealt with, please contact your student’s school in the first instance.

**This form is to be completed by:**

* **Parent/carer\*;**
* **Student over 18 years; or**
* **Student with independent status.**

(\*Note: Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent.)

|  |  |
| --- | --- |
| ***1. IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES*** | |
| ***a) Full stud*** | ***name of ent*** |
| ***2. INFORMATION COVERED BY THIS CONSENT FORM*** | |
| 1. The consent collected by the form covers the following student personal information (identifying   attributes):   * + Student name (first name and/or last name)   + Sex/Gender   + Date of Birth, age, year of birth   **AND** the following school-based information (generally, non-identifying attributes\*):   * + Student school username   + Student school email   + Student ID number   + School   + Year Group   + Class   + Teacher   + Country   \*In cases where registration and/or use requires a combination of school-based information (non-identifying) and personal information, or a combination of school-based information, the school-based information may become identifiable.   1. If an online service records, uses, discloses and/or publishes student works, parent information or additional student information (such as photographs of students), not listed above (Section 2a.), the school will specify it as part of the *additional consent requirements* on the form. Examples may include:    * Student assessment    * Student projects, assignment, portfolios    * Student image, video, and/or audio recording    * Sensitive information (e.g., medical, wellbeing)    * Name and/or contact details (e.g. email, mobile phone number) of student’s parent   Page 10 | |

1. ***APPROVED PURPOSE***

This form records your consent for the recording, use, disclosure and publication of the information listed in item 2 above, and any information or student works listed under the ‘additional consent requirements’, and to transfer this information and works within Australia and outside of Australia (in the case of offshore services) to the online service providers for the following purposes:

* + For your child to register an account for the online services
  + For your child to use the online services in accordance with each service’s *terms of use* and *privacy policy (*including service provider use of the information in accordance with their *terms of use* and *privacy policy*)
  + For the school to:
    - administer and plan for the provision of appropriate education, training and support services to students,
    - assist the school and departmental staff to manage school operations and communicate with parents and students.

1. ***TIMEFRAME FOR CONSENT***

The consent granted by this form is for the duration of the student’s current phase of learning (i.e. Years P-3, 4-6, 7-9 and 10-12). Consent is obtained upon enrolment and renewed when students move into a new phase of learning (e.g. minimum every four years).

1. ***CONSENT FOR ONLINE SERVICES***

For each online service listed below, please indicate your choice to ***give consent*** or ***not give consent*** for the information outlined in Section 2 to be disclosed to the online service in accordance with the purpose outlined in Section 3, and for the timeframe specified in Section 4.

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| Service name: | ***Arduino*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not give consent |
| Url: | [http://auth.arduino.cc](http://auth.arduino.cc/) | | |
| Purpose of use: | Website offering information, shared projects, tutorials and downloads for the Arduino platform | | |
| Terms of use: | <https://www.arduino.cc/en/terms-conditions> | | |
| Privacy policy: | <https://www.arduino.cc/en/privacy-policy> | | |

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| Service name: | ***Scratch*** | Data hosting: | Onshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [http://scratch.mit.edu.au](http://scratch.mit.edu.au/) | | |
| Purpose of use: | Scratch is designed to instruct students to code games and animations. | | |
| Terms of use: | <https://scratch.mit.edu/terms_of_use> | | |
| Privacy policy: | <https://scratch.mit.edu/privacy_policy> | | |

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| Service name: | ***Code.org*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | <https://code.org/> | | |
| Purpose of use: | Code.org offers courses in computer science and programming. It is a P – 12 social learning community. Teachers are able to set up an invite students to an online classroom | | |
| Terms of use: | <https://code.org/tos> | | |
| Privacy policy: | <https://code.org/privacy> | | |

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| Service name: | ***Edublogs*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [http://edublogs.org](http://edublogs.org/) | | |
| Purpose of use: | Edublogs provides a safe, secure and easy-to-manage platform for blogs and classroom communication. | | |
| Terms of use: | <https://edublogs.org/terms-of-service/> | | |
| Privacy policy: | <https://edublogs.org/privacy-policy/> | | |

Page 11

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| Service name: | ***Pearson Place*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [https://www.pearsonplaces.com.au](https://www.pearsonplaces.com.au/) | | |
| Purpose of use: | Award-winning digital resources for teachers and students. Including worksheets to interactives that can improve your teaching practice and help you progress in your learning | | |
| Terms of use: | [https://www.pearsonplaces.com.au](https://www.pearsonplaces.com.au/) | | |
| Privacy policy: | [https://www.pearsonplaces.com.au](https://www.pearsonplaces.com.au/) | | |

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| Service name: | ***OnGuard Safety*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [https://www.onguardsafety.com.au](https://www.onguardsafety.com.au/) | | |
| Purpose of use: | OnGuard Safety provides a comprehensive array of training resources for machinery, power tools, equipment and procedures. | | |
| Terms of use: | <https://www.onguardsafety.com.au/licensing.html> | | |
| Privacy policy: | <https://www.onguardsafety.com.au/privacy.html> | | |

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| Service name: | ***Ozobot*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [https://ozobot.com](https://ozobot.com/) | | |
| Purpose of use: | Ozobot makes coding robots that come with infinite ways to create, learn and share. | | |
| Terms of use: | <https://ozobot.com/terms-of-use> | | |
| Privacy policy: | <https://ozobot.com/privacy> | | |

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| Service name: | ***Adobe Creative Cloud*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | <https://adobe.com/creativecloud.htm> | | |
| Purpose of use: | Design a logo or a photo collage of your big dream. Warm up a cool image in a snap. Edit a social video or a blockbuster film. Whatever you want to create, we have what you need to make it amazing. | | |
| Terms of use: | <https://adobe.com/creativecloud.htm> | | |
| Privacy policy: | <https://adobe.com/creativecloud.htm> | | |

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| Service name: | ***Oxford Digital*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [https://www.oxforddigital.com.au](https://www.oxforddigital.com.au/) | | |
| Purpose of use: | Oxford Digital allows access to award-winning digital resources including ebooks, interactives and videos. | | |
| Terms of use: | <https://www.oxforddigital.com.au/terms.html> | | |
| Privacy policy: | <https://global.oup.com/privacy?cc=au> | | |

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| Service name: | ***TinkerCAD*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [https://tinkercad.com](https://tinkercad.com/) | | |
| Purpose of use: | Equips the next generation of designers and engineers with the foundational skills for innovation. | | |
| Terms of use: | [https://tinkercard.com](https://tinkercard.com/) | | |
| Privacy policy: | [https://tinkercad.com](https://tinkercad.com/) | | |

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| Service name: | ***Education Perfect*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | [www.educationperfect.com/](http://www.educationperfect.com/) | | |
| Purpose of use: | This website offers a full compliment of junior and senior curriculum including content libraries, support materials and assessment. | | |
| Terms of use: | help.educationperfect.com | | |
| Privacy policy: | help.educationperfect.com | | |

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| Service name: | ***Grok Learning*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | <https://groklearning.com/> | | |
| Purpose of use: | Grok Learning offers an introduction to coding. | | |
| Terms of use: | <https://groklearning.com/policies/terms/> | | |
| Privacy policy: | <https://groklearning.com/policies/privacy/> | | |

Page 12

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| Service name: | ***Edrolo Standard Resource*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | <https://edroloc.om.au/> | | |
| Purpose of use: | This website offers a full compliment of senior curriculum including content libraries, support materials and assessment. | | |
| Terms of use: | <https://edrolo.com.au/terms/> | | |
| Privacy policy: | <https://edrolo.com.au/#company> | | |

Page 12

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| Service name: | ***Campridge*** | Data hosting: | Offshore | ☐  I give consent | ☐  I do not  give consent |
| Url: | <https://www.cambridge.org/go/> | | |
| Purpose of use: | Cambridge online allows acces to award-winning digital resources including ebooks, interactivies and videos. | | |
| Terms of use: | <https://www.cambridge.org/legal/website-terms-of-use> | | |
| Privacy policy: | <https://www.cambridge.org/legal/privacy> | | |

Page 12

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| ***6. CONSENT AND AGREEMENT*** | |
| Person giving consent – I am (tick the applicable box):   * parent/carer of the person identified in Section 1 * the person identified in Section 1 (if student is over 18 years or has independent status)   *I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent for the information outlined in Section 2* and any additional consent requirements outlined in Section 5 *to be disclosed to the online services in accordance with the purpose outlined in Section 3 and for the timeframe specified in Section 4.* | |
| Print name of s | tudent: |
| Print name of c | onsenter: |
| Signature or mark of  consenter: | |
| Date: | / / |
| Signature or mark of student\*: | |
| Date: | / / |
| *\*Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent* | |
| ***SPECIAL CIRCUMSTANCES***  The section below must be completed, if the form is:   1. required to be read aloud (whether in English or in an alternative language or dialect) to the person giving consent **and/or**: 2. when the person giving consent is an independent student under the age of 18. | |
| ➔ ***WITNESS - for consent from an independent student or where the explanatory letter and the form were read*** | |
| *I have witnessed the signature or mark of an independent student, or the accurate reading of the explanatory letter and the Online Services Consent Form was completed in accordance with the instruction of the person giving consent. The person giving consent has had the opportunity to ask questions. I confirm that the person giving consent have given consent freely and I submit the person understood the implications.* | |
| Print name of witness: |  |
| Signature of witness: |  |
| Date: | / / |
| ➔ ***Statement by the person taking consent – when it is read*** | |
| *I have accurately read aloud the explanatory letter and the Online Services Consent Form to the person giving consent, and to the best of my ability made sure that the person understands that the following will be done:*   * *The identified information will be used in accordance with the Online Services Consent Form* * *The school will cease using the information from the date that the school receives a written withdrawal of consent.* | |

|  |  |
| --- | --- |
| *I confirm that the person giving consent was given an opportunity to ask questions about the explanatory letter and Online Services Consent Form, and all questions asked by the person giving consent have been answered correctly and to the best of my ability. I confirm that the person giving consent has not been coerced into giving consent, and the consent has been given freely and voluntarily.*  *A copy of the explanatory letter has been provided to the person giving consent.* | |
| Print name and role of person taking the consent: |  |
| Signature of person taking the consent: |  |
| Date: | / / |

Page 13



**School Dress Code Policy**

# Introduction

Rosewood State High School is a uniform school. The uniform is regarded by the school community as being important in its role in encouraging a sense of self-esteem, belonging and self-discipline in students through to their adolescence. All students are expected to observe the details of correct attire and appearance.

**Why do students wear a uniform?**

* + Establishes a culture of school pride, a positive learning environment and high expectations
  + Promotes a positive image within the community with an identifiable uniform that is smart, tidy and worn appropriately
  + Addresses health and safety policies by ensuring students are wearing appropriate footwear and sun-safe clothing
  + School uniforms promote social equality among students because they diminish socioeconomic differences by reducing peer pressure associated with expensive ‘brand’ clothing
  + Improves student safety be enabling staff to identify people within the school grounds who are not associated with the school

**Expectations of Rosewood State High School Students**

All students are expected to observe the details of correct attire and must be wearing the complete uniform in accordance with school routine and this policy.

*This includes, but is not limited to, whilst travelling to or from the college, or whenever a student is out in the community wearing the school uniform.* This high standard will ensure that our students continue to represent themselves and the school in an outstanding way.

Rosewood State High School’s expectations of students with regards to uniform and personal appearance:

* + All uniform items can be purchased from Lowes Riverlink. Appropriate size clothing is to be purchased for the student.
  + Jumpers, sport jackets, jerseys and blazers other than those with the school logo are not permitted to be worn
  + School uniforms are not to be altered in any fashion.
  + White undershirts/singlets may be worn, but must not be visible
  + The college understands and accepts that some cultures and religions have specific dress requirements. Modifications to the uniform that comply with recognised cultural or religious values must be negotiated with the Principal.

Page 14



* + Students not in correct uniform must have a letter from a parent/caregiver explaining the reason. These may be accepted for specified and temporary reasons, but are not long-term waivers of the uniform expectations. The note should be given to their Year Level Coordinator or to Student Wellbeing at the commencement of the school day. Students will be issued with a one day uniform pass if attire is acceptable. Persistent failure to follow school procedures will result in action by the school administration.
  + The college understands and accepts that some cultures and religions have specific dress requirements. Modifications to the uniform that comply with recognised cultural or religious values must be negotiated with the Principal.
  + Students not in correct uniform must have a letter from a parent/caregiver explaining the reason. These may be accepted for specified and temporary reasons, but are not long-term waivers of the uniform expectations. The note should be given to the Year Level Coordinator at the commencement of the school day. Students will be issued with a one day uniform slip if attire is acceptable. Persistent failure to follow school procedures will result in action by the school administration.

**School Dress Code Policy Declaration:**

* + I have read, understood and acknowledge Rosewood State High School is a ‘uniform school’
  + I have read the School Dress Code Policy
  + I can confirm that I will wear the school uniform in a manner outlined in the policy

Student Name :

Student Signature:

Parent Name :

Parent signature :

Date:

Page 15



**Personal Digital Device Policy**

**Information for Parent/Guardian/Carer and Student**



**Student use of mobile devices:**

* If students choose to bring their phone to school, they must **switch it off** and keep it in their bag during school hours or hand it in at the Wellbeing Centre
* Smartwatches and other devices can be worn, however notifications must be **switched off**
* This includes during lessons and break times, as well as other school activities

**How will this work at Rosewood State High School:**

**Every morning**

**students will be required to switch their phone off and put it in their bag**

**from 8:50am – 2:55pm**

**Phones will stay in**

**student’s bag throughout the day and cannot send or receive calls or**

**messages.**

**Students will be**

**responsible for their**

**phone during the school day.**

**At the end of the school**

**day and when leaving the school grounds, students can remove their phone from their bag and switch it on**.

**Why is this happening?**

This approach is being implemented in all Queensland state schools to:

• reduce distractions in the classroom

• increase face-to-face interactions between students

• promote student health and wellbeing

• reduce the potential for student exposure to negative impacts of the digital world, such as cyberbullying

**Common questions for Parent/Guardian/Carer:**

What if I need to contact my

child?

A call can be made

directly to the school office on 5461 9400

What if my child needs to

access their phone for

medical, disability or wellbeing reasons?

Exemptions will be

considered for these reasons on a case-by- case basis. Please speak with the school principal if your child

requires an exemption

My child’s phone does not

connect to the internet, will they be allowed to use their

phone?

**No.** All phones and

wearable devices that have the ability to connect to telecommunication networks or the internet

are included.

Who is responsible for my child’s

phone during the day?

If your child chooses

to bring a phone to school, they will be responsible for the phone during the

school day.

What about school

excursions and camps?

This also applies to school activities such as

representative sport, camps and excursions, unless an exception is made by the principal. If this is the case, information will be included

in the excursion permission form.

Common questions for students:

What if I need to contact my

parent/guardian/carer?

Report to a staff

member who will follow the school process and make contact with

parents and carers.

What if I need to access

my phone for medical,

disability or wellbeing reasons?

Exemptions will be

considered for these reasons on a case-by- case basis. Please speak with the school principal if you require

an exemption

What can I do if I’m finding

the change challenging?

Make some time to

talk with your parents,

or the support staff at school

Who is responsible for my

mobile phone during the day?

If you chose to bring

your phone to school, **you** will be responsible for your phone during the

school day.

What about school

excursions and camps?

This also applies to school activities such as

representative sport, camps and excursions, unless an exception is made by the principal. If this is the case, information will be included

in the excursion permission form.

Page 16

For the purpose of this policy, personal digital devices include but are not limited to: Mobile phones earphones

Tablets gaming devices

iPods/media players cameras and/or recording devices Smart watches iPads (refer to BYOD policy)

Fitness trackers laptops (refer to BYOD policy)

Allowable personal digital devices used contrary to this policy on school premises will be confiscated by school staff.

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|  | **Offence** | **Consequence** |
| First offence | Device is visible on school grounds (except BYOD laptop/iPad) | * Device is confiscated – collection to be arranged with parent/guardian/carer |
| Second and subsequent offences | Device is visible on school grounds (except BYOD laptop/iPad) | * Device is confiscated – collection to be arranged with parent/guardian/carer * Suspension |

Refusal to relinquish a personal digital device will result in **additional** disciplinary action.

**Special Circumstances Arrangement**

Students who require the use of a personal digital device in circumstances that would contravene this policy (for example – to assist with a medical condition or other disability or for a special project) should negotiate this arrangement with the principal.

**As a Parent/Guardian/Carer - How can I help?**

• Have conversations about the mobile phone and wearable device strategy with your child

• Support implementation of our school’s policy, by contacting the office on 5461 9400 to contact your child

during the day

• Encourage your child to report to a staff member in the first instance if they become unwell or experience an issue during the school day

• Raise any questions or concerns with school staff

**Support and resources**

• [eSafety Parents](https://www.esafety.gov.au/parents) - learn about online safety challenges, an how to help your child have positive online experiences. Some helpful pages include:

• [Good habits start young](https://www.esafety.gov.au/parents/issues-and-advice/good-habits-start-young)

• [Is your child ready for a phone or social media](https://www.esafety.gov.au/parents/issues-and-advice/are-they-old-enough)

• Buying a [smartphone](https://www.esafety.gov.au/parents/resources/gift-guide/smartphones) or [wearable device](https://www.esafety.gov.au/parents/resources/gift-guide/wearables) for your child

• [Online safety basics](https://www.esafety.gov.au/parents/issues-and-advice/online-safety-basics)

• [ParentLine](https://parentline.com.au/) – a support service for parents and carers that includes a range of helpful articles, such as

*Addiction to Technology – the Warning Signs and Social Media and Safety*.

• [Bullying. No Way!](https://bullyingnoway.gov.au/) - information for students, parents and schools about bullying and cyberbullying.

**Policy Declaration:**

* We have read and understood the Personal Digital Device Policy

Student Name :

Student Signature:

Parent Name :

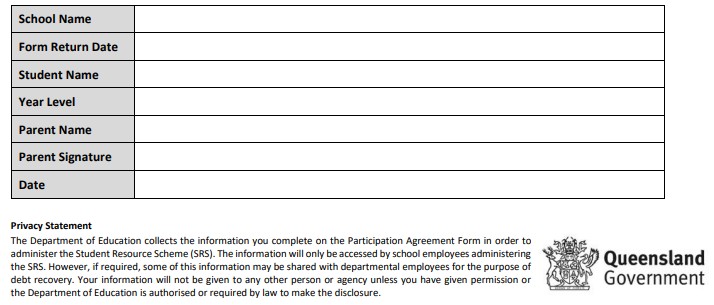
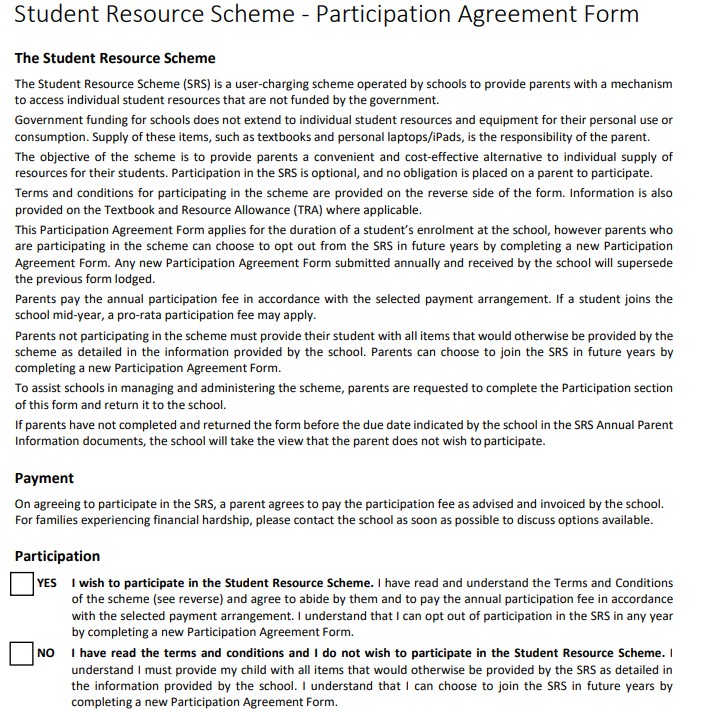
Parent signature :

Date:

Page 17



**STUDENT RESOURCE SCHEME**



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**CENTREPAY DEDUCTION AUTHORITY**

CRN 555 073 532V

Customer Name:

Contact Number:

CRN:

DOB: / /

Deduction Amount: $ per fortnight

Payment Benefit:

Reason for deduction:

Commencement date:

Student name:\_

**Option 1:**

**I request that this deduction is ongoing - YES / NO Option 2:**

I request that this deduction will continue until the target amount of $ is reached. YES / NO

**Option 3:**

I request that this deduction is stopped on / / I give consent for:

* Rosewood State High School to the disclosure of information between the participating business and

the Agency, including for the purposes of the Privacy Act

* I understand that I can change or cancel my deduction at any time and further information about centrepay can be found online at: <https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/centrepay-businesses>
* I acknowledge that the information that I have provided is true and correct.

/ /

Customer signature Date

Page 16



**BANK ACCOUNT DETAILS FORM**

For refund purposes only

Your bank account details will be kept confidential and will only be used for the purpose of the refund.

Your request for refund will be sent to the finance office at Rosewood SHS for funds to be transferred to your nominated bank account.

If your account is in credit this can be used for paying off other school events/excursions if you choose or be transferred to a siblings account.

Account Name: BSB:

Account Number:

/ \_/

Customer signature Date

Page 17

Dear Parent/ Guardian,

This letter is to inform you that your student will be commencing or continuing a subject in Industrial Technology in 2024.

As a result, your student may be exposed to risks ranging from low to extreme whilst undertaking class activities. Students are fully supervised by a qualified person while undertaking these activities, where risk assessments and controls have been put in place to provide safe working environments for students.

Students will be required to complete and comply with the ***OnGuard* Safety Training** provided by their classroom teacher. The resulting certificate will allow your student to safely operate machinery and participate in activities as outlined in the enclosed **Inherent Risk Level Information Sheet**.

Please also find enclosed an **Activity Consent Form** for students who are enrolled in Industrial Technology subject areas**.**

Please read both of these documents before completing and signing the Activity Consent Form if you agree to allow your student to participate in low to extreme risk activities.

Breaches of the workplace health and safety training requirements will result in students being temporarily removed from activities until safe operations can be demonstrated to their classroom teacher. If you require any further information please contact Symantha McSweeney on 5461 9400.

**Students will not be allowed to commence practical activities in any of the Industrial Technology subjects until their form is signed and returned.** Please see the attached Personal Protective Equipment requirements for each subject area. These PPE requirements are mandatory. Please ensure your student has all they need to participate in their course of learning.

Forms should be returned to **their classroom teacher by the 16th February, 2024** (Week 4, Term 1). If a student is enrolled in more than one of the Industrial Technology subjects, they are only required to return one form.

Yours sincerely



Symantha McSweeney Nicole Sherlock

Head of Department Principal Technologies and The Arts

Page 18

**Industrial Technologies - Inherent Risk Level Information**

The table below lists the level of Inherent Risk posed to students, as well as the chance of injury and what the result of the injury may be.

|  |  |
| --- | --- |
| **Low** | Little chance of incident or injury:  Includes fixed machines, swaging machines, pedestal and bench drills, bench folding machines, manual pipe-bending machines, linishall machines, sanding discs, burring machines, curving rollers and other machines with a low potential risk |
| **Medium** | Some chance of an incident and injury requiring first aid:  Includes fixed machines such as lathes, metal cutting saws, power hacksaws, bandsaws, pan brakes, bench shears, wood lathes and other machines with a medium potential risk |
| **High** | Likely chance of a serious incident and injury requiring medical treatment:  Includes fixed machines such as bench grinders, router tables, milling machines, shaping machines, hydraulic pipe-bending machines, hydraulic presses, guillotines and other machines with a high potential risk |
| **Extreme** | High chance of a serious incident resulting in highly debilitating injury:  Includes fixed machines such as cut-off saws (friction wheels), drop saws, radial arm saws, combination saw bench planers, jointer and other machines with a very high potential risk |

**Personal Protective Equipment Information**

All students enrolled in Industrial Technologies subjects are required to wear Personal Protective Equipment for practical tasks. **Students will not be able to participate in practical activities unless they are wearing the correct PPE.**

Students in Year 7, Year 8, Year 9, and Year 10 are required to wear impervious (waterproof – leather or vinyl) covered shoes and other PPE as instructed by their teacher e.g. safety glasses, gloves, aprons.

Year 11 and Year 12 students enrolled in Certificate I Construction and Certificate II Engineering Pathways are required to wear the Rosewood State High School long sleeve work shirt, long work pants or jeans, safety boots, and other PPE as instructed by their teacher or trainer. The Rosewood State High School long sleeve work shirt is available for purchase from:

Ipswich Embroidery & Workwear 81 Cemetery Rd,

Raceview QLD 4305

Phone: (07) 3281 7551

Page 19



**TECHNOLOGIES CONSENT FORM**

***Industrial Technology Subject Areas – Years 7 to 12***

***Privacy Notice***

*The Department of Education and Training is collecting the personal information requested in this form in order to:*

* *obtain lawful consent for your child to participate in the activity;*
* *help coordinate the activity;*
* *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
* *update school records were necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).*

*The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.*

**Activity Risks & Insurance**

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

**Consent**

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

|  |  |  |
| --- | --- | --- |
| Student Name | Date of Birth | Medicare No: |
|  |  |  |

I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.

I give consent for my child, (print child’s name), in class (print class details), to participate in the activity detailed above.

I understand that the emergency contacts I have supplied school are current and will be used as their reference.

I understand that the medical information I have supplied school is current and will be used as their reference.

I understand that if medical information regarding my child has changed then I will contact the school to update my child’s personal medical information.

In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.

I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child’s behalf.

Parent/Carer Name: (Please Print)

Parent/Carer's Signature: Date: / /

Page 20



**INSTRUMENTAL MUSIC PROGRAM**

Dear Parents/Guardians,

As you may be aware, Rosewood SHS offers an Instrumental Music Program for students already learning or wishing to learn Bass, Woodwind or Percussion instruments. The school does not offer guitar or piano lessons as a part of this Program.

These lessons are part of an initiative to equip students with worthwhile lifelong learning and leisure pursuits. As a part of the Instrumental Music Program students are given the opportunity to apply for a new leadership position in 2024.

I encourage all students who played an Instrument in primary school to keep with the program. Lessons are 35 minutes each week and work on a rotational timetable. Lesson times are very flexible and can be catered around students’ specific needs so they do not miss out on certain subjects.

Rosewood State High School offers Concert Band and Jazz Ensemble for these students, as well as an exciting number of performance opportunities, workshops and camps.

Should you be interested in your son or daughter applying to take part in the Instrumental Music program, please complete the following form. For further information please contact the office on 5461 9400.

Yours faithfully



Nicole Sherlock Principal

………………………………………..………………..……………………………………………………………

I would like my student to apply to be part of the Rosewood SHS Instrumental Program.

My son/daughter would like to learn and we:

* own our own instrument Or
* will need to hire/purchase

Parent Signature:

Contact number:

Page 21

Administration of medications in Queensland state schools: Information for parents/carers and health practitioners



This information sheet provides advice for parents/carers and their child’s health practitioner/s regarding the documentation required for Queensland state schools to safely administer medication to students while they are at school or school-related activities.

All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications under the Health (Drugs and Poisons) Regulation 1996 (Qld) e.g. doctor, dentist, optometrist. State schools refer to these professionals as ‘prescribing health practitioners’ (practitioners).

A blank *Medication order to administer ‘as-needed’ medication at school* is provided on the last page.

**Information for parents/carers**

1. ***For all medications***

For medication to be administered during school hours and/or during school-related events, provide the school with:

* + a completed Consent to administer medication form.
  + the medication with an attached pharmacy label, in its original container, with intact packaging.

1. ***Where no additional information is required from your practitioner***

If your child requires medication at a routine time (e.g. 11am every day), the pharmacy label attached to the medication provides the school with the instructions from the doctor/dentist needed to safely administer the medication. Examples of routine medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets and ointments.

No other written information from the prescribing health practitioner is required.

1. ***Where you will need additional written information from your practitioner***

As well as using the pharmacy label instructions, the school will need additional written information from the prescribing health practitioner if your child:

1. **requires medication as an emergency response**. Depending on your child’s health condition, your doctor will need to complete:
   * an Asthma Action Plan and/or
   * an Anaphylaxis Action Plan and/or
   * written instructions if your child has more complex health needs.
2. **requires insulin.** Your doctor will need to complete a medication order for insulin.
3. **requires medication ‘as-needed’ (but not as an emergency response)**. Your health practitioner will need to complete a *Medication order to administer ‘as-needed’ medication at school* (see page 3).
4. **has their dosage changed from that on the pharmacy label**. Your health practitioner will need to write a letter for the school explaining the changes. To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

1

For further information, refer to the *Administration of medications in schools* procedure at [https://ppr.qed.qld.gov.au/pp/administration-of-](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure)  [medications-in-schools-procedure](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) and the *Managing students’ health support needs at school* procedure at  [https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure.](https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure)

###### Information for prescribing health practitioners



Queensland state schools administer medications authorised by a qualified health practitioner (registered with the Australian Health Practitioner Regulation Agency) to support students’ health needs if it is deemed that the administration of this medication is essential during school hours or school-related activities.

No further information or medical authorisation is required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

However, if you are prescribing medication as described below, please complete the relevant documentation and provide it to the parent/carer (or to the student if they are 18 years of age or older).

* 1. **Emergency medication**

Where medication is to be taken as an emergency response for asthma or anaphylaxis, please complete:

* an Asthma Action Plan and/or
* an ASCIA Anaphylaxis Action Plan.
  1. **Insulin**

Due to the complexity of diabetes management, the school will require:

* a medication order for insulin (which provides medical authorisation) and
* a diabetes management plan developed by yourself and/or the diabetes treating team.
  1. **As-needed medication**

Where medication is to be taken as needed in response to a student’s symptoms (e.g. toothache, migraine), the school requires clear instructions to enable non-medically trained school staff to safely administer the medication.

The school will require:

* specific written instructions e.g. where school staff are required to administer medication as part of a health procedure (e.g. administration of medication through a gastrostomy tube) or
* a completed *Medication order to administer as-needed medication at school* (see page 3).

If you make subsequent changes to the student’s medication dosage, or if instructions change from that described in a *Medication order to administer ‘as-needed’ medication at school* you have completed, please:

* update this medication order, initial and date the changes (if they are minor) or
* complete a new medication order.
  1. **Over-riding pharmacy label instructions**

Where a student has been prescribed medication, but the medication dosage requirements change from that printed on the pharmacy label (e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin), the school needs additional written information that includes all of the following:

* the name of the student
* the name of the medication
* the dosage change and the date the change is to be implemented from
* the prescribing health practitioner’s signature and date, and
* attached evidence of the medical practice i.e. on a letterhead or stamp/sticker.

Please encourage the parent/carer to have their pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

2

For further information, refer to the *Administration of medications in schools* procedure at [https://ppr.qed.qld.gov.au/pp/administration-of-](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure)  [medications-in-schools-procedure](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) and the *Managing students’ health support needs at school* procedure at  [https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure.](https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure)



**Privacy Statement**

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the student listed below while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student’s personal information) and the *Information Privacy Act 2009* (parent/carer’s personal information) this information will not be disclosed to any other person or body unless you have given DoE permission or DoE is required or authorised by law to disclose the information.

###### Medication order to administer ‘as-needed’ medication at school

The following information will be used by Queensland state school staff to support the administration of ‘as-needed’ medication to the student named below at school or during school-related activities (e.g. camps, excursions).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prescribing health practitioner to complete all sections below:** | | | | |
| **Student name** |  | | **Date of birth** |  |
| **Medication** |  | | **Dosage and route** |  |
| This medication is to be administered as: *(please select one or both)*   * an emergency response a non-emergency response | | | | |
| Administer the medication when these signs and symptoms occur: | | | | |
| The maximum number of dosages allowed over a 24-hour period are: | | | | |
| The minimum length of time allowed between dosages is: | | | | |
| The expected response the student would have after having this medication administered is:  If there is no response in approximately minutes, take the following action [e.g. call ambulance]:  ***Please note:*** *The school will notify the parent/carer if the student displays any suspected side effects following administration.* | | | | |
| Please indicate if additional information is attached (if required): YES  NO  | | | | |
| Name of prescribing health practitioner: | | Medical practice stamp/sticker: | | |
|  | |  | | |
| Signature of prescribing health practitioner: | |
|  | |
| Date: | |
|  | |
| Review date of this medication order: | |

3

For further information, refer to the *Administration of medications in schools* procedure at [https://ppr.qed.qld.gov.au/pp/administration-of-](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure)  [medications-in-schools-procedure](https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure) and the *Managing students’ health support needs at school* procedure at  [https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure.](https://ppr.qed.qld.gov.au/pp/managing-students-health-support-needs-at-school-procedure)



**Consent to administer medication**

**PLEASE NOTE:**

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

* + a pharmacy label with both the student’s and doctor’s name on it;
  + a signed letter from a doctor;
  + a medication order from a dentist;
  + an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

|  |  |  |
| --- | --- | --- |
| **Health condition/ reason for medication** | **Example of medication** | **Documentation completed by doctor or other prescribing health practitioner** |
| Asthma | Asthma puffer | *Asthma action plan* |
| Anaphylaxis | EpiPen | ASCIA *Anaphylaxis Action Plan* |
| Diabetes | Insulin injection, insulin pump | Department of Education *Medication order to administer ‘as-needed’ medication at school* or medication order or *diabetes management plan* or other written instructions from prescribing health practitioner |
| Other types of emergency medication e.g. for seizures | Midazolam | Department of Education *Medication order to administer ‘as-needed’ medication at school* |
| Medication required ‘as needed’ for minor or non- emergency symptoms | Ointment for skin allergies, antihistamines | Department of Education *Medication order to administer ‘as-needed’ medication at school* |
| Changes to dosage (e.g. from  ½ to 1 tablet) | Ritalin | Written instructions from prescribing health practitioner (e.g. doctor) |

1. **To request that the school administer medication to a student**
   1. Complete Section A (page 2).
   2. Provide the school with the medication in the original container with intact packaging.
   3. Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
   4. Make an appointment with the principal/delegate if:
      * the student requires medication as an emergency response;
      * you would like the student to self-administer their medication;
      * the student has complex health support needs or requires other support strategies; or
      * you have any concerns about the student’s health which may affect their schooling.
2. **To request a student self-administer their medication**
   1. Complete Section A (page 2) and Section B (page 3).

Page 1 of 3



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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consent to administer medication** | | | | | |
| **Privacy Statement**  The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school- related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student’s personal information) and the *Information Privacy Act 2009* (parent/carer’s personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information. | | | | | |
| **Section A: *Complete the details below:***  **NOTE:** This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication. | | | | | |
| **Student name** |  | | **Date of birth** |  | |
| **Parent/carer name** |  | | **Phone number** |  | |
| * I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities. * I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication’s pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student. | | | | | |
| **Name of medication** |  | | | | |
| **I confirm that the medication provided to the school (as listed above):**   * is medically authorised *(e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)* * is in the original dispensed container with intact packaging * has the student’s and doctor’s names on the pharmacy label *(if there is no other written evidence of medical authorisation)* * is current/in-date *(*The expiry date of the medication is *\_ \_ / \_ \_ \_ \_).* | | | | | |
| **The medication is required:** | | If **Yes** to any questions, complete the following: | | | |
| (a) routinely (e.g. 11am every day) | * **No** * **Yes** | Administer at \_ \_: \_ \_ am/pm on the following days: *(circle the day/s required)* Monday Tuesday Wednesday Thursday Friday | | | |
| (b) for a short time only (e.g. only for 2 weeks) | * **No** * **Yes** | Start date: \_ \_ /\_ \_ / \_ \_ \_ \_ End date: \_ \_ /\_ \_ / \_ \_ \_ \_ | | | |
| (c) to manage a health condition by following a current action plan or health plan | * **No** * **Yes** | Is the medication for:   * asthma anaphylaxis diabetes epilepsy cystic fibrosis * other *(describe)* | | | |
| (d) ‘as needed’ to treat minor or non-emergency symptoms | * **No** * **Yes** | * I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information. | | | |
| Has this student previously shown any side effects after taking this medication? | | | | | **Yes**  **No**  |
| If **Yes**, describe: \_ \_ | | | | | |

Page 2 of 3



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|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/carer/student signature** |  | **Date** |  |
| If the student is to self-administer this medication, also complete **Section B NOTE:** Controlled drugs cannot be self-administered. | | | |

|  |  |
| --- | --- |
| **Section B*: Details for student self-administration of medication:*** | |
| *In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.* | |
| **Student name** | **Date of birth** |
| * I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. * I confirm that the student can store their medication securely. * I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication’s pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student. | |
| **Health condition** |  |
| * Asthma - secondary school students only | * I approve for the student to self-administer their asthma medication.   **NOTE:** The school will need a copy of the student’s *Asthma Action Plan* if it varies from the standard asthma first aid response |
| **Health condition** | I seek approval from the principal/delegate for the student to self-administer: |
| * Asthma | * their asthma medication *(following a current action plan/health plan)* |
| * Anaphylaxis | * their adrenaline auto-injector *(following a current action plan/health plan)* |
| * Diabetes | * their medication *(following a current health plan)* |
| * Cystic fibrosis | * their medication *(following a current health plan)* |
| * Other \_ | * their medication *(following a current health plan)* |
| **Parent/carer/student signature** | **Date** |

Page 3 of 3



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**2024 LIVESTOCK HANDLING**

**Activity Consent Form**

Dear Parent/Carer

In 2024, students may be offered opportunities to work with the school’s cattle and poultry. Activities will require students to follow safe work instructions at all times and in particular when working with cattle.

**Poultry activities may include**:

* General husbandry routines such as preparing and providing food and water
* Cleaning and maintaining cages and housing environments
* General handling
* Recording weights or other data as required

**Cattle activities may include**:

* Moving animals in paddocks, yards, races
* Observing and assisting with general husbandry routines such as preparing and providing food or water.
* Maintenance of yard areas, assessing and cleaning food and water stations
* Handling livestock in the yard system and crush area
* Leading livestock in controlled situations
* Washing and grooming livestock
* Recording weights assisting the teacher with applying medications

While some of these cattle activities may occur during class time – it is possible that there may be opportunities to undertake further work at other times yet to be decided. Further information will be made available when these times are organised and prior to this occurring.

Attached to this form, there is a communication and a copy of a flyer that outlines some information regarding Q FEVER.

As our school has animals which may transmit Q fever and infected animals show no signs of illness, we are implementing a range of strategies to reduce the risk of staff and students being exposed to potential infection. These include:

* minimise the handling of livestock as necessary;
* ensure that students are familiar with the “standard operating procedures” for various livestock;
* awareness of the risks of zoonoses and the importance of hygiene after handling livestock e.g. hand washing.
* students are aware of the necessary risk assessments required to handle livestock and
* personal protective equipment is available for all participants on the farm and is to be used when required.

Your students will be offered specific training and guidance in the use of all tools and equipment methods for handling livestock and will be expected to conduct themselves safely and respectfully at all times when carrying any work activities in class (or at any other time in the school farm space).

Students experiencing difficulty following safety work procedures or instructions can expect to be supported to make safer work choices via a range of strategies, including the implementation of a specific *Work Place Health and Safety and Class Participation Trackin*g document.



Students are required to wear enclosed leather school shoes, and should have a hat and water bottle for outdoor activities.

Please complete this consent form and return all pages (including this page) to: Mr Darren Elliott

HOD Agricultural Studies

This can be returned either to the Student Wellbeing Centre or in class at the start of a lesson.

For further information about the activity, please contact Mr Darren Elliott on 5461 9420 or [dlell2@eq.edu.au](mailto:dlell2@eq.edu.au) .

Yours sincerely,

**Mrs Nicole Sherlock Mr Darren Elliott**

Principal HOD Agricultural Sciences

Rosewood State High School Rosewood State High School

***Privacy notice***

*The Department of Education is collecting the personal information requested in this form in order to:*

* *obtain lawful consent for your child to participate in the activity;*
* *help coordinate the activity;*
* *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
* *update school records where necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006* (Qld), *the Information Privacy Act 2009* (Qld), and/or the *Privacy Act 1988 (*Cwlth*).*

*The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.*

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



# Consent

By signing this form, I agree that:

* I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
* I have read and understood the information regarding Q FEVER attached.
* I give consent for my child,

to participate in the planned **LIVESTOCK HANDLING activities in 2024**.

* I will pay to the school the costs detailed in this consent form for my child’s participation in the activity.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
* I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
* I have provided the school all relevant details of my child’s medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer’s name:

(Please print) Parent/Carer signature:

Date: / /



**Rural Operations and Horticulture Safety Contract**

Agricultural Sciences Department

Dear Parents/Carers of Agricultural Students,

To ensure the quality of safety education in the Agricultural subjects at Rosewood State High School we have implemented Workplace Health and Safety procedures that are linked closely to those of the industry.

This letter includes important workplace safety information that you and Agricultural students need to be aware of, please take the time to read it thoroughly. Under the national Work Health and Safety Act: 2011, both teachers and students have obligations.

Teachers are obligated to provide students with a relevant Workplace Health and Safety “Introduction to Workplace Safety” program, followed by informed instruction, workplace procedure demonstrations and close supervision of safe working practices within all practical workspaces.

**It is extremely important for parents to be aware of their child’s obligations to be safe, for their welfare and that of others. Failure of students to comply unfortunately means that they may be excluded from the Agricultural practical workplace environment.**

Rosewood State High School cannot allow any student who demonstrates the potential to injure themselves or others to actively participate in agricultural activities. Our staff take extreme precautions to create the safest possible environment for all students. The mandatory Introduction to Workplace Safety is partly completed online through the ONGUARD Safety program. There will also be direct safety instructions explained throughout the courses for various activities as they are required.

The Agricultural Sciences staff have developed safety rules and a range of consequences for breaches of these rules. Teacher instruction is provided to all students regarding our safe working environment and our culture of safety. Students should become very familiar with their obligations regarding safety in Agricultural activities.

**CONSEQUENCES FOR SAFETY BREACHES**

*Depending upon the type and severity of the safety breach, consequences may include:*

* A verbal warning: Verbal warnings for minor breaches entails the teacher explaining to the student how they failed to meet their obligations;
* Writing out the guidelines for safety and behaviour in Agricultural activities;
* The teacher will contact parents either by phone, or in writing which will require a parent/guardian signature for acknowledgement;
* Participation in a monitoring system to assist students to recognise their responsibilities in our Agricultural workplaces;
* The student may be required to complete a re-training program before returning to the Agriculture areas;
* The student may be prohibited from using Agricultural facilities for a period of time determined by the Head of Department;
* The student may be prohibited from using practical Agricultural facilities indefinitely at Rosewood SHS. Subject transfer arrangements would then need to be negotiated.

Finally, it is important to point out that in most classes’ students are required to complete a number of practical exercises for assessment. Should you have any further questions, we invite you to contact the school or the HOD Agricultural Sciences.

**Darren Elliott Nicole Sherlock**

**HOD Agricultural Sciences Principal**



**PARENTAL CONSENT FORM – 2024**

Dear Parent / Caregiver,

Your student has elected to undertake study in at least one of the Agricultural Sciences subjects offered at Rosewood State High School for 2024. These courses require the students to be instructed on the use of a variety of materials, tools and equipment in the production of their work. A number of typical resources and processes have been designated by Department of Education to have a potential high or extreme risk of injury associated with their use.

As a requirement of our risk assessment process, it is recommended for risks designated HIGH, and required for risks designated EXTREME, that the school obtain additional parental consent, including relevant medical information for students, before permitting them to use the Agricultural resources or activities indicated below.

**High Risk**:

Rural Operations Only - Tractor and accessories

Line trimmers, walk behind mower or rotary hoe, fence construction or maintenance, secateurs, pruning saws, shears, digging forks, hoes, working around or with animals, use of stockyard crushes, races, gates and equipment

**Extreme Risk**:

Rural Operations Only - Chainsaw (electric or petrol), Tractor and accessories

**Possible Exposure to**: Very low residual levels of agricultural chemicals in the environment. QFEVER or other zoonoses. Mists and dusts through working in garden or pasture environments. Mists or dusts when working in the horticulture area potting or preparing seeds and cuttings.

**Agricultural Subjects** most likely to be utilising some or all of these resources and processes during 2023 are:

**Years 11 & 12** – Agricultural Science, Cert II Rural Operations, Cert II Horticulture

**Years 7 - 10** – **Note:** Junior practical curriculum activities are designed to a modified structure, minimising exposure to all extreme risk plant & machinery. However, students are still likely to be exposed to some atmospheric dusts, and various horticulture related materials.

If you wish your child to participate in their selected Agricultural subject, utilising the resources as identified, please complete the consent details on the form below.

***NOTE: Should you require any further information, please contact the school on 07 54619400***



**I understand my son/daughter is undertaking practical subjects which may involve the use of specific Agricultural related machinery, power tools or processes designated by Department of Education as High or Extreme risk.**

**I DO** / **DO NOT** give permission for my student to use processes designated **HIGH/ EXTREME**

risk.

Please detail any of your student’s medical conditions you feel may be relevant, and indicate how they may affect your student’s ability to use any particular machine, power tool or ITD manufacturing process.

Condition :

Effect :

Condition :

Effect :

**Parent Signature : Date :**

**Parent Name :**



**Agricultural Science Department SAFETY RULES**

* Students must complete their Safety Induction (ONGUARD) as determined by the teacher before being authorised to take part in practical lessons in the Agricultural precincts. Students must engage in ongoing safety instruction as required.
* Students are to use only those tools and machinery that they have been taught to use by their teacher and, where applicable, only when they have been recognised as being competent in their use through an induction and demonstration.
* All materials, tools, equipment and machinery are to be used correctly at all times.
* Course dress rules must be complied with at all times in the practical activities. These rules are not negotiable.
* Sensible and safe behaviour is to be observed at all times.
* Appropriate personal protective equipment (PPE) is to be worn at all times as instructed in Agricultural workspaces. Strong, protective footwear covering the entire foot and a hat are considered the minimum requirement for any Agricultural practical workspace activity.
* Rosewood State High School Trade Uniform and safety boots are considered minimum requirements for Rural Operations and Horticulture students.
* When machinery, plant and equipment are being used, students are to maintain a safe distance from the operator and not attempt to distract them in any way.
* Students are to follow teacher directions regarding safety and movement at all times.

# STUDENT SAFETY CONTRACT

I \_ (student name) have read and understood the Agriculture safety rules and I agree to abide by them to the best of my ability. I am aware that if I breach these regulations I could be excluded from all practical activities for the safety of myself and others.

**Student Signature: Date:**

I (parent/guardian name) have read and understood the Agriculture safety rules and agree to the enforcement of them for my child’s safety. I am aware that if my child breaches the rules, my child could be excluded from all practical activities due to the danger they pose to themselves and others.

**Parent Signature: \_ Date:**

***Note:*** *This Safety Contract will be retained on file at the School for a period of one (1) Year. Please return completed, signed and dated contract to your Agricultural teacher immediately.*

|  |  |
| --- | --- |
| **Darren Elliott** | **Nicole Sherlock** |
| **Head of Department**  **Agricultural Science** | **Principal** |



**2024 Rural Operations Activity Consent Form**

Dear Parent/Carer

In 2024, we will be working across a variety of activities in and around the school Horticulture and Livestock Precincts as part of our Agricultural Studies program.

The aims of these activities include offering student opportunities to experience agricultural practices modelled in our own farming space and at UQ Gatton. These experiences in turn may lead to opportunities to investigate the wider agricultural picture; exploring ethical local and global solutions to food and fibre production on larger scales.

Activity details:

In 2024 Students will be offered units that explore the following themes:

* Rural operations safety and animal welfare requirements
* Machinery and tractor maintenance and operation
* Rural fence construction
* Livestock production, handling and husbandry
* Workplace Safety

As part of our routines, students will participate in projects including:

Basic construction activities – for example:

* Preparation work for concreting
* Preparation of garden plots
* Basic landscape construction activities
* Some basic fence maintenance and construction

Horticultural activities – for example:

* Establishment of vegetable (or other) crops as required
* Repotting or replanting seedlings or small trees
* Care and maintenance of plantings (weeding, watering, fertilising)
* Working with animals
* General animal husbandry practices as required.

These activities will require students to follow safe work instructions at all times and in particular when working with some higher risk tools or equipment including:

* Secateurs or loppers
* Scissors
* Garden Hoes
* Mattocks,
* Crow Bars
* Shovels and spades
* Wheelbarrows



* Cattle handling equipment (at present only moving around yards, races, ramps and crush. Further information will be shared when we move to actually work with cattle and the cattle equipment)
* Hand saws, hammers, etc.
* Cordless drill
* Tractors and machinery
* Drones

**Possible Exposure to**:

Very low residual levels of agricultural chemicals in the environment. QFEVER or other zoonoses. Mists and dusts through working in garden or pasture environments. Mists or dusts when working in the horticulture area potting or preparing seeds and cuttings.

Your students will be offered specific training and guidance in the use of all tools and equipment and will be expected to conduct themselves safely and respectfully at all times when carrying any work activities in class (or at any other time in the school farm space).

Students experiencing difficulty following safety work procedures or instructions can expect to be supported to make safer work choices via a range of strategies, including the implementation of a specific *Work Place Health and Safety and Class Participation Trackin*g document.

**POSSIBLE CONSEQUENCES FOR SAFETY BREACHES**

*Depending upon the type and severity of the safety breach, consequences may include:*

* A verbal warning: Verbal warnings for minor breaches entails the teacher explaining to the student how they failed to meet their obligations;
* Writing out the guidelines for safety and behaviour in Agricultural activities;
* The teacher will contact parents either by phone, or in writing which will require a parent/guardian signature for acknowledgement;
* Participation in a monitoring system to assist students to recognise their responsibilities in our Agricultural workplaces;
* The student may be required to complete a re-training program before returning to the Agriculture areas;
* The student may be prohibited from using Agricultural facilities for a period of time determined by the Head of Department;
* The student may be prohibited from using practical Agricultural facilities indefinitely at Rosewood SHS. Subject transfer arrangements would then need to be negotiated.

Finally, it is important to point out that in most classes’ students are required to complete a number of practical exercises for assessment. Should you have any further questions, we invite you to contact the school or the HOD Agricultural Sciences.

Students are required to wear the Rosewood State High School Trade uniform during all practical classes. This includes a hat, gloves and safety glasses as required.



Please complete this consent form and return all pages (including this page) to:

Mr Darren Elliott

HOD Agricultural Studies

This can be returned either to the Student Wellbeing Centre, or in class at the start of a lesson.

For further information about the activity, please contact Mr Darren Elliott on 5461 9400 or [dlell2@eq.edu.au](mailto:dlell2@eq.edu.au) .

Yours sincerely,

**Nicole Sherlock Mr Darren Elliott**

Principal HOD Agricultural Sciences

Rosewood State High School Rosewood State High School

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* *obtain lawful consent for your child to participate in the activity;*
* *help coordinate the activity;*
* *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
* *update school records where necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006* (Qld), *the Information Privacy Act 2009* (Qld), and/or the *Privacy Act 1988 (*Cwlth*).*

*The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.*

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



# Consent

By signing this form, I agree that:

* I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
* I give consent for my child, to participate in the **RURAL OPERATIONS activities in 2024.**
* I will pay to the school the costs detailed in this consent form for my child’s participation in the activity. There will be a small fee required to cover bus expenses during trips to UQ Gatton.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
* I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
* I have provided the school all relevant details of my child’s medical or physical needs on registration

/enrolment and where relevant have updated this information.

Parent/Carer’s name:

\_ (Please print)

Parent/Carer signature: \_ Date: \_/ \_/ \_

**Additional medical information**

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child’s full participation in the activity described in the form.

**You may also wish to update/provide the following optional information\*:**

Name of child’s medical practitioner: Telephone No.:

Medicare No.: \_

Private Health Insurance Company (if applicable): \_ Membership No.:



To ensure the quality of safety education in the Agricultural subjects at Rosewood State High School we have implemented Workplace Health and Safety procedures that are linked closely to those of the industry.

This letter includes important workplace safety information that you and Agricultural students need to be aware of, please take the time to read it thoroughly. Under the national Work Health and Safety Act: 2011, both teachers and students have obligations.

Teachers are obligated to provide students with a relevant Workplace Health and Safety “Introduction to Workplace Safety” program, followed by informed instruction, workplace procedure demonstrations and close supervision of safe working practices within all practical workspaces.

**It is extremely important for parents to be aware of their child’s obligations to be safe, for their welfare and that of others. Failure of students to comply unfortunately means that they may be excluded from the Agricultural practical workplace environment.**

Rosewood State High School cannot allow any student who demonstrates the potential to injure themselves or others to actively participate in agricultural activities. Our staff take extreme precautions to create the safest possible environment for all students. The mandatory Introduction to Workplace Safety is partly completed online through the ONGUARD Safety program. There will also be direct safety instructions explained throughout the courses for various activities as they are required.

The Agricultural Sciences staff have developed safety rules and a range of consequences for breaches of these rules. Teacher instruction is provided to all students regarding our safe working environment and our culture of safety. Students should become very familiar with their obligations regarding safety in Agricultural activities.

# STUDENT SAFETY CONTRACT

I \_ (student name) have read and understood the Agriculture safety rules and I agree to abide by them to the best of my ability. I am aware that if I breach these regulations I could be excluded from all practical activities for the safety of myself and others.

**Student Signature: Date:**

I (parent/guardian name) have read and understood the Agriculture safety rules and agree to the enforcement of them for my child’s safety. I am aware that if my child breaches the rules, my child could be excluded from all practical activities due to the danger they pose to themselves and others.

**Parent Signature: \_ Date:**

***Note:*** *This Safety Contract will be retained on file at the School for a period of one (1) Year. Please return completed, signed and dated contract to your Agricultural teacher immediately.*

|  |  |
| --- | --- |
| **Darren Elliott** | **Nicole Sherlock** |
| **Head of Department**  **Agricultural Science** | **Principal** |



**2024 RURAL OPERATIONS LIVESTOCK HANDLING**

**Activity Consent Form**

Dear Parent/Carer

In 2024, students may be offered opportunities to work with the school’s cattle and poultry.

Activities will require students to follow safe work instructions at all times, and in particular when working with cattle.

**Poultry activities may include:**

* General husbandry routines such as preparing and providing food and water
* Cleaning and maintaining cages and housing environments
* General handling
* Recording weights or other data as required

**Cattle activities may include:**

* Moving animals in paddocks, yards, races
* Observing and assisting with general husbandry routines such as preparing and providing food or water.
* Maintenance of yard areas, assessing and cleaning food and water stations
* Handling livestock in the yard system and crush area
* Leading livestock in controlled situations
* Washing and grooming livestock
* Recording weights assisting the teacher with applying medications

While some of these cattle activities may occur during class time – it is possible that there may be opportunities to undertake further work at other times yet to be decided. Further information will be made available when these times are organised and prior to this occurring.

Attached to this form, there is a communication and a copy of a flyer that outlines some information regarding Q FEVER.

As our school has animals which may transmit Q fever and infected animals show no signs of illness, we are implementing a range of strategies to reduce the risk of staff and students being exposed to potential infection. These include:

* minimise the handling of livestock as necessary;
* ensure that students are familiar with the “standard operating procedures” for various livestock;
* awareness of the risks of zoonoses and the importance of hygiene after handling livestock e.g. hand washing.
* students are aware of the necessary risk assessments required to handle livestock and
* personal protective equipment is available for all participants on the farm and is to be used when required.



Your students will be offered specific training and guidance in the use of all tools and equipment methods for handling livestock and will be expected to conduct themselves safely and respectfully at all times when carrying any work activities in class (or at any other time in the school farm space).

Students experiencing difficulty following safety work procedures or instructions can expect to be supported to make safer work choices via a range of strategies, including the implementation of a specific *Work Place Health and Safety and Class Participation Trackin*g document.

Students are required to wear enclosed leather school shoes, and should have a hat and water bottle for outdoor activities.

Please complete this consent form and return all pages (including this page) to: Mr Darren Elliott

HOD Agricultural Studies

This can be returned either to the Student Wellbeing Centre, or in class at the start of a lesson.

For further information about the activity, please contact Mr Darren Elliott on 5461 9420 or [dlell2@eq.edu.au](mailto:dlell2@eq.edu.au) .

Yours sincerely,

**Nicole Sherlock Mr Darren Elliott**

Principal HOD Agricultural Sciences

Rosewood State High School Rosewood State High School

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* *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
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**Activity risks and insurance**

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**Consent**

By signing this form, I agree that:

* I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
* I have read and understood the information regarding Q FEVER attached.
* I give consent for my child,

to participate in the planned **RURAL OPERATIONS LIVESTOCK HANDLING activities in 2024.**

* I will pay to the school the costs detailed in this consent form for my child’s participation in the activity.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.



* I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
* I have provided the school all relevant details of my child’s medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer’s name:

(Please print)

Parent/Carer signature:

Date: / /