

PARENT VET PERMISSION NOTICE

PRIVATE AND CONFIDENTIAL

Parent/Guardian(s) must sign and return this page to the School VET Coordinator.

If students are applying for a VET course online, a scanned copy of this completed and signed form must be uploaded with the online application.

Student Name _____ Date of Birth _____

School _____ Year Level in 2021 _____

Home Address _____

Parent/Guardian(s) Name _____

Parent/Guardian(s) Phone Number _____ (business hours) _____ (mobile)

Emergency Contact if different from above; Name _____ Phone Number _____

_____ [VET program]

The classes will be held at _____ [name of external provider]

_____ [insert location]

The classes will be run on the following dates and times:

_____ [insert dates and class times including semester dates]

I understand that my son/daughter will be undertaking classes away from the school site as part of the VET Delivered in Secondary Schools program. (See the VET Cluster Handbook or website for all class venues.)

1. I give permission for my son/daughter/ward to attend the above-mentioned classes.
2. I am aware that my son/daughter/ward will not be supervised by school staff when undertaking classes at the premises of the external provider, or travelling to and from the provider.
3. I am aware that no responsibility is accepted by the Principal and staff of the school for the loss, theft or damage of personal property belonging to or in the possession of my son/daughter/ward.
4. I understand that I will be notified as soon as possible in the event of illness or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge (or their nominee) at the external provider to administer first aid to my son/daughter/ward, and to consent to my son/daughter/ward receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I accept full responsibility for the payment of fees incurred should my son/daughter require such treatment.
5. I understand that in case of accident or emergency an ambulance will be called and I will be liable for any costs incurred.
6. I give permission for medical and emergency information included on my son's/daughter's school enrolment to be used by the training provider.
7. I have attached details of any known medical condition which may affect my son/daughter/ward and any current or recent medication or treatment relating to my son/daughter/ward that may be relevant.
8. I will alert the school and the external provider if there are any changes to the attached details or if I become aware of circumstances which raise concerns as to the safety of my son/daughter/ward participating in this program.
9. My son/daughter/ward has consulted me about their involvement in the VET program.
10. I have read the relevant information about the program and I understand the commitment required by my son/daughter/ward and agree to their participation.
11. I agree to pay for costs of materials used as specified in the course details outlined by the training provider.

Please tick:

- I give permission for my child to leave the RTO site when not in class
- I do not give permission for my child to leave the RTO site when not in class
- Medical information attached My child does not have any medical plan that is relevant

I give permission I do not give permission for photographic, video, audio or any other form of electronic recording of the named student to be used by the Department of Education and Training and Wimmera Southern Mallee LLEN in the promotion or publicity of VET.

Parent/Guardian Signature: _____ Date: _____

Please fill in this form if your child has a known medical condition and provide extra information if necessary to ensure the health and safety of your child.

Parent's / Guardian's Full Name: _____

Address: _____ Postcode: _____

Emergency Telephone: Home/Mobile: _____ Work: _____

Name of Family Doctor: _____

Address: _____

Medicare Number: _____

Medical / Hospital Insurance Fund: _____ Contribution Number: _____

Ambulance Subscription: Yes No Membership Number: _____

Health care card holder: Yes No Membership Number: _____

Medication

Please provide details of known medical conditions which may affect this student and any current or recent medication or treatment that may be relevant. This will be provided to the external provider in order to support the student's specific needs and ensure his/her safety and wellbeing.

1. Is your student presently taking any medication? Yes No

If YES, please state name of medication, dosage and possible side effects if known etc:

Please attach any relevant additional information to this form.

2. The teachers in charge of the class will expect the student to retain control of medication and will leave responsibility with the individual student. (Please label all medication with the student's name, dose to be taken and when it should be taken.)

3. Does your child have a medical plan? Yes No

If YES, Parent/Guardian(s), I give consent to the sharing of this medical plan in the best interest of my child's health and educational advancement. (Attached to this form)

* Please note: Census date is _____

Privacy Notice

The school collects and shares student personal and health information for the purposes of supporting their application and placement in the VET program, enrolment with the course provider, supporting students' educational, social and wellbeing needs, medical emergencies and other purposes stated in the Schools' Privacy Policy. Students' names and contact details will be uploaded into a secure online portal managed by the Wimmera Southern Mallee Local Learning Education Network (WSML-LEN), which supports the VET in Schools program.

Once the student is accepted into the course, in order to ensure the safety and wellbeing of students and others, the school may also share necessary student information such as emergency contacts, health plans, foreseeable risks, or reasonable adjustments that it holds with the chosen VET course external provider (which includes the RTO and Delivery School) and where permitted by law. For more information on how government schools handle information, please see the Schools' Privacy Policy at <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

If you have concerns or wish to request access to your child's information, please contact the school's VET Coordinator.