|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | |
| Excursion details – CR 15 Years & Under Netball Selection Trials | | | | |
| A detailed itinerary has been prepared for this excursion and is attached for your information.  A comprehensive risk assessment has been completed and is available upon request. | | | | |
| School of Sport Education NT | | Central Region | **Name of teacher in charge** | Brittany Hogan |
| Destination | | Pat Gallagher Netball Centre | Year level | Grades 7-10 |
| Contact details while on excursion | | Teacher in charge – Fiona Brown | | |
| Re-occurring | | No | Details for re-occurring |  |
| From date  Time | | 29/01/2025  4:30pm | To date  Time | 29/01/2025  5:30pm |
| From date  Time | | 30/01/2025  4:30pm | To date  Time | 30/01/2025  5:30pm |
| Likely number of students | | | | |
| Male | |  | **Total** | 40 |
| Female | | 40 |
| Other | |  |
| Likely number of accompanying adults | | | | |
| Male | |  | **Total staff** | 5 |
| Female | | 5 |
| Other | |  |
| Purpose and rationale for the excursion | | | | |
| School of Sport Education NT Regional Selection Trials for Inter-region Championships/School Sport Australia Championship – 15 Years and Under Netball | | | | |
| Details of the excursion | | | | |
| Students will undertake various Netball drills, skill sets, and team play for the opportunity to be selected to represent CR in the Inter-region championships later in the year. | | | | |
| Student requirements | | | | |
| Sport specific clothing/footwear, hat, sunscreen, water bottle, signed parent consent form | | | | |
| Cost associated with the excursion | | | | |
| Excursion cost | | Nil | | |
| Teacher in charge | | | | |
| Name | | Fiona Brown | | |
| Signature | |  | | |
| Date | | 25/11/2024 | | |
| Assistant Principal School of Sport Education NT | | | | |
| Name | | Jane Slater | | |
| Signature | |  | | |
| Date | | 25/11/2024 | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Excursion details – CR 15 Years & Under Netball Selection Trials  Parent | | | | | | |
| Please complete all details below and return to the teacher or authorised department officer in charge by 29/01/2025. Failure to do so may result in your child being unable to participate in the activity. | | | | | | |
| Student details | | | | | | |
| Family name |  | | Student’s given name |  | | |
| Date of birth |  | | Age |  | | |
| Gender | Male / Female / Other | | | | | |
| Dietary restrictions | |  | | | | |
| Known allergies  This may include drug reactions | |  | | | | |
| **Does your child have a medical condition, physical or psychological limitations or cultural restrictions?** | |  | | | | |
| **If yes, please provide any other information you believe may help staff provide the best possible care, attaching information as necessary.** | |  | | | | |
| **Current medications**  **If applicable, list name of medications and include instructions.**  **If your child will be taking any medications for example Panadol, it must be handed to the teacher in charge before commencing the excursion.** | |  | | | | |
| Emergency contact details | | | | | | |
| Parent’s name |  | | Preferred contact | Work/home/ mobile phone | | |
| Mobile and home |  | | Work |  | | |
| Emergency contact name |  | | Preferred contact | Work/home/ mobile phone | | |
| Mobile and home |  | | Work |  | | |
| Parent consent | | | | | | |
| Your attention is drawn to the following important points:   * Students are under the teacher’s or supervisor’s authority for the duration of the excursion. A student may be returned home at the expense of the parent if the teacher or supervisor considers that circumstances warrant such action. * The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm. * Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent of the student. Parents may wish to take out additional insurance to cover such costs. * Liability for loss, theft or damage to student property is the responsibility of the parent of the student. * Students are not permitted to transport other students in vehicles regardless of written permission being provided. * The parent is responsible for informing the school or preschool of any change in consent to their child attending an excursion and of any changes to student medical details. | | | | | | |
| Permission is given for my child to attend this excursion. | | | | | Yes | No |
| Permission is given for school staff to administer first aid to my child if required. | | | | | Yes | No |
| Permission is given to secure medical attention in case of illness or accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable. | | | | | Yes | No |
| I agree to pay the excursion costs outlined above. | | | | | Yes | No |
| The Excursion policy and guidelines and procedures is available on the department’s webpage – <https://education.nt.gov.au/policies/school-operations#excursions> | | | | | Yes | No |
|  | | | | |  |  |
| **Additional Consents** | | | | | | |
| **Consent for publication of a student’s photo and identification**  The Department of Education may record sound and/or vision of a student while participating in a School of Sport Education NT event. Images of students involved in school activities, sporting events and trials are often published by School of Sport Education NT to enable the students to share their experiences and to enable parents and others to be informed about the School of Sport Education’s work. Images, vision and audio are NOT shared with third parties.  I hereby give permission for the use of my child’s image / name for printed and online promotional purposes including newsletters, social media and websites by School of Sport Education NT, School Sport Australia and the Northern Territory government. | | | | | | |
| **Student image (Photo/ video)** | | | | | Yes | No |
| **Student voice (Audio)** | | | | | Yes | No |
| **Student name** | | | | | Yes | No |
| **Parent’s name** |  | | | | | |
| **Signature** |  | | | | | |
| **Date** |  | | | | | |
| Collection notice The information collected in this form will only be used for the purpose for which it is being collected. All data will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every student’s right to privacy is maintained. For more information, go to the Department of Education’s Privacy policies, located on the Policy and advisory library – <https://education.nt.gov.au/policies/conduct#privacy>. | | | | | | |
| End of fo | | | | | | |