



4 March 2024

Dear Parent & Carer

The Gap Experience Day 2024

On Thursday 18 April 2024, students will be volunteering to assist with set up and pull down of the school's open evening known as The Gap Experience.

- Event Date:** Thursday 18 April 2024
- Location:** The Gap State High School
- Time:** 3.30pm – 6.30pm
- Dress:** Formal uniform (sports uniform where required)
- Important Information:** Students must be collected from the school grounds by 6.45pm at the latest, to allow the buildings to be alarmed by 7.00pm

Students will be volunteering to help in particular faculties of the school with the setting up from 2.30pm and pulling down by 6.45pm of all stalls and displays for The Gap Experience.

If you agree to your child participating in this event, please complete the attached Consent Form and return to the school administration by Wednesday 17 April 2024.

For further information about the activity, please contact Julie Rowe at TALI@thegapshs.eq.edu.au

Yours faithfully

Julie Rowe
Deputy Principal

Anne McLauchlan
Executive Principal



Queensland
Government

1020 Waterworks Road ■ PO Box 1 The Gap QLD 4061
Tel: (07) 3511 3888 Fax: (07) 3511 3800 CRICOS 00608A
admin@thegapshs.eq.edu.au
www.thegapshs.eq.edu.au

Disclaimer: The information in this correspondence is intended for the addressee only and should be treated as confidential.

Learners who flourish





Activity Consent Form

Name of Excursion: The Gap Experience
Coordinating Staff: Julie Rowe

Date of Excursion: Thursday 18 April 2024

Privacy Notice

The Department of Education and Training (DET) 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 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

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 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 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

By signing this form (below) 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name), to participate in the activity detailed above.
- 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer's Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Parent/Carer's Mobile Phone Number: _____



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