

## 2022 HOLIDAY/AFTER SCHOOL PROGRAM

### Parent/Guardian Confirmation

This form MUST be completed for all secondary students before they can attend sessions at Yarra Ranges Tech School. Students from any secondary school throughout Victoria may participate in this program.

Once you have printed, completed and signed this document, you can scan or photograph the form and email it to [yrts-admin@boxhill.edu.au](mailto:yrts-admin@boxhill.edu.au) alternatively, you can mail or drop the form to Yarra Ranges Tech School at the address above.

### Program outline / Key Details

- Yarra Ranges Tech School (YRTS) is hosted by Box Hill Institute (BHI) through a contract with the Department of Education and Training (DET) and provides programs which access to leading edge technology to Victorian Secondary Students;
- The YRTS After School Program runs from **3:15pm to 5pm every Friday during school terms**.
- The YRTS Holiday Programs will run on the designated times listed for the specified program.
- Students attending must be aged between 12 and 18 years to attend
- The program is supervised by YRTS staff in conjunction with volunteers. All BHI staff interacting with students have valid employer appropriate Working with Children checks, have current First Aid qualifications, have undergone Police Checks and are compliant with BHI's Childsafe policy;
- All activities unless otherwise advised through additional notice and permission forms are undertaken within the YRTS space which is secured from general public access.
  - However, the individual signing this document acknowledges that students must enter a public area should they require the use of a bathroom. YRTS will advise the processes they have in place to mitigate potential risks but may not be able to provide direct supervision of students outside of the Tech School space.
  - The registered location for Yarra Ranges Tech School is Level 2, Building LB, Lilydale Lakeside Campus, Box Hill Institute of Technology, 1 Jarlo Drive, Lilydale, VIC 3140
- While this form needs to be completed once per year we ask that students confirm they will be attending the program by midday each Friday. This will ensure that we have adequate resources and catering for students attending.
  - Students will be required to sign out in the presence of a designated parent or guardian before being allowed to depart YRTS. Students who are not signed out before 5:15pm will be charged a late fee of \$10 per 15 minutes that they remain at the Tech School.
    - Where permission has been given for the student to make their own way to YRTS to attend the After-School program, and/or to make their own way from YRTS at the end of the After School program staff the individual signing this document acknowledges that no responsibility can be taken by Yarra Ranges Tech School outside of the sign-in and sign-out times.
- \$5 per student per session will be charged by Box Hill Institute on behalf of Yarra Ranges Tech School to cover the cost of providing snacks and drinks for students during their time.
  - Yarra Ranges Tech School will endeavour to provide alternative dietary requirements however students will need to monitor and be responsible for their dietary requirements.
    - This charge will be levied at the time of signing in by the student
- All activities are governed by the relevant policies of BHI, Yarra Ranges Tech School and Department of Education and Training in line with the contractual arrangement between BHI and DET. These policies can be provided upon request

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### Student details

First name: \_\_\_\_\_ Initial: \_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

School attended: \_\_\_\_\_ Year level: \_\_\_\_\_

Student contact email\*: \_\_\_\_\_ Gender: \_\_\_\_\_

Student contact phone\*:  
(if applicable) \_\_\_\_\_ Date of birth: \_\_\_\_\_

These will be used to contact the student in regards to cancellations, upcoming events and activities and may be that of the parent/guardian

### Emergency contact/s

Please provide at least 1 emergency contact

First name: \_\_\_\_\_ Initial: \_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

First name: \_\_\_\_\_ Initial: \_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

# 2022 HOLIDAY/AFTER SCHOOL PROGRAM

## Parent/Guardian Confirmation

Are there any custody or family issues that Yarra Ranges Tech School staff should be aware of? (for instance are there particular people whom staff should not allow to pick up the child or should an emergency contact be contacted in particular situations)

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I give permission for the student named in this application to: (tick box if relevant)

|                                                                                                |                          |
|------------------------------------------------------------------------------------------------|--------------------------|
| Travel of their own accord to YRTS to attend the Holiday/After-School Program:                 | <input type="checkbox"/> |
| Travel of their own accord from YRTS after the conclusion of the Holiday/After-School program: | <input type="checkbox"/> |

I acknowledge that in selecting either or both of these options YRTS and BHI have no responsibility or obligation in regards to the students outside of their formal sign-in and sign-out from YRTS. In consideration of BHI providing the YRTS After-School program for my child, I waive and release any liability of BHI for the actions of my child when travelling to or from YRTS for the After-School program

Initial

Does the student have any medical conditions

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If Yes please list:

Does the student require any special medications

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If Yes please list the medications, and storage and dosage requirements

Does the student have a medical issue requiring a Medical Management Plan

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes you must provide an up-to-date plan including risk minimisation strategies, treatment details and whether any changes will need to be made to Yarra Ranges Tech School processes (All plans submitted must be consistent with the advice provided by the Victorian Department of Education and Training at the following site

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>

Failure to submit a Medical Management Plan or submission of a plan which does not address the detail outlined by DET will not allow the student to participate in the Yarra Ranges Tech School After-school program

I have included a copy of the Medical Management Plan to Yarra Ranges Tech School with this application (please tick to confirm)

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## Parent/Guardian Confirmation

Please tick the boxes to confirm your agreement with the following statements:

I give permission for Yarra Ranges Tech School and/or Box Hill Institute staff and/or volunteers to provide first aid to the student named in this application

I give permission for Yarra Ranges Tech School staff to contact Emergency Services if deemed necessary in the event of harm, illness or injury to my child

I have read and understood the program outline and conditions of participation, particularly those relating to arrival and departure of students and provision of medical information

I acknowledge that in the case of an evacuation YRTS and/or BHI will supervise the child named in this form during the evacuation up until a relevant parent or guardian can pick the child up.

In the case of an evacuation, once children's safety has been established the Emergency Contact listed in this form will be advised and asked to pick the child up from Yarra Ranges Tech School

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I \_\_\_\_\_ (parent/guardian) of

\_\_\_\_\_ (student name) confirm that all information

provided on this form is true and correct. I acknowledge that Yarra Ranges Tech School is part of Box Hill Institute and the student named in this form will be required to adhere any and all policies of YRTS. BHI or DET.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copies of relevant policies can be accessed by visiting:

<http://yarrarangestechschool.vic.edu.au/> [www.boxhill.edu.au](http://www.boxhill.edu.au)

[www.det.vic.gov.au](http://www.det.vic.gov.au)

Medical Management Plan information

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>

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Office use only

|                          |                                                                                                               |
|--------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Form is fully completed                                                                                       |
| <input type="checkbox"/> | Student details entered & confirmation email sent                                                             |
| <input type="checkbox"/> | Where a Medical Management Plan has been noted it has been provided; is up-to-date and clear in its direction |