

INFORMED PARENTAL/CARER CONSENT



Parents/Carers, please complete this form if the school VET Coordinator will complete your child's application online - you must hand this to your them prior to Friday 6th August 2021

The Highlands LLEN VET Cluster collect, use and disclose this information in accordance with Privacy Act 1988 (Commonwealth), Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). Highlands LLEN VET Cluster will distribute only relevant information to the relevant Vocational Education and Training Delivered to Secondary Students (VETDSS), Registered Training Organisation, (RTO) for their follow up during their enrolment processes and to assist in providing student support during the VET Program. The RTO may require you to advise further medical details during this process. All information contained in the form will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Commonwealth), Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic).

This medical form must be current when the VET Program commences. Parents/guardian are responsible for all medical costs if a student is injured unless the Department of Education is found liable (liability is not automatic). Parents/guardian can purchase student accident insurance cover from a commercial insurer if they wish to.

For further information please read our Enrolment Information and Privacy Collection Notice on the Highlands LLEN website.

STUDENT NAME		PARENT/CARER NAME	
DOB		PARENT/CARER MOBILE	
ADDRESS		PARENT/CARER EMAIL	
STUDENT MOBILE		EMERGENCY CONTACT NAME AND RELATIONSHIP	
STUDENT EMAIL		EMERGENCY CONTACT MOBILE	
STUDENT HOME SCHOOL		EMERGENCY CONTACT EMAIL	

My child will be undertaking _____ VETDSS program/SWL placement away from the school site.

1. I give permission for my child to attend the above-mentioned VET Program and attend any course excursions organised by the RTO or external provider, which may run at various venues and only need an informative notice of excursions throughout the year. I am aware that my child will not be supervised by school staff when undertaking classes at the premises of the RTO or external provider or when travelling to and from the provider and during break times.
2. I am aware that non-school environments differ from school environments and direct supervision from staff will not be provided during study breaks at the external provider.
3. I am aware that no responsibility is accepted by the Principal and staff of the home school for the loss, theft or damage of personal property belonging to or in the possession of my child.
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 the nominee) at the RTO or external provider to administer first aid to my child, and to consent to my child receiving such medical and surgical treatment (including the administration of an anesthetic) as may be deemed necessary by a legally qualified medical practitioner. I accept full responsibility for the payment of fees incurred should my child require such treatment.
5. I am aware that I must notify the RTO or external provider of any known medical conditions which may affect my child and any current or recent medication or treatment relating to my child or that may be relevant. I have noted below details of my child's disability in order to assist the VET Program teacher to develop plans around my child's specific needs.
6. I will alert the school and the RTO or 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 child participating in this VET Program.
7. I give permission for the Highlands LLEN VET Cluster to provide my details, and my child's details to the organisation of which my child will be attending for the delivery of the VET Program in accordance with Enrolment Information and Privacy Collection Notice, which I have read.
8. I hereby acknowledge the \$70 deposit and will pay this by the due date to my child's school.
9. I consent to my child being photographed/videoed while undertaking the VETDSS Program and for these to be used by the Highlands LLEN VET Cluster for the purposes of marketing including on social media.
10. **I understand statements 1 to 9 and requirements of the Highlands LLEN VET Cluster and VET Program RTO, in the collection, use and disclosure of the information contained in this form and have been advised of the legislation relating to collection, use and disclosure. I give my informed consent to the Highlands LLEN VET Cluster to use this information for the purposes outlined above and in the Highlands LLEN VET Cluster Enrolment Information and Privacy Collection Notice.**

Please tick if your child has any of the following:	Please tick if your child has any of the following:
Asthma: <input type="checkbox"/>	Disability: <input type="checkbox"/> If ticked please list _____
Diabetes: <input type="checkbox"/>	Learning need: <input type="checkbox"/> If ticked please list _____
Anaphylaxis: <input type="checkbox"/>	Individual Education Plan (IEP): <input type="checkbox"/>
Other: (please list) _____	

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Note: If you have any questions, contact the Highlands LLEN VET Cluster Coordinator by phone on 0448 559 246.