

## TAFE Delivered HSC VET (TVET/SPY/TOP) Program

# Advice on completing the Application to Undertake a TVET/SPY/TOP Course 2012

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### Read this introductory section before completing the Application form

This **Application to Undertake a TVET/SPY/TOP Course** is provided to assist with the placement of students into TVET/SPY/TOP courses. A separate **application** is required for each TVET/SPY/TOP course a student wishes to be considered for placement.

The student completes **Parts 1, 2, 3a, 4, 5 and 6** of the Application form.

**Please note that completing and submitting an Application to Undertake a TVET/SPY/TOP Course does not guarantee acceptance into the TVET/SPY/TOP course.**

### Selection Criteria

Places in courses are offered to students on the basis of satisfying the selection criteria. In completing the application form students should consider how they could demonstrate that they meet the following criteria.

The school student has:

- a well developed school to work plan, in accordance with the requirements of their school sector, which indicates that he/she has a career interest in the industry associated with the specific TVET/SPY/TOP course
- an understanding and knowledge of that industry
- a high level of interest in the specific TVET/SPY/TOP course through, for example, interests and hobbies or career interest and future study plans
- prerequisite skills and ability which indicates a capacity to succeed in the specific TVET/SPY/TOP course
- the suitability of the specific TVET/SPY/TOP course for the school student
- a commitment to completing the specific TVET/SPY/TOP course
- application to studies, maturity, behaviour and suitability for an adult learning environment
- a good school attendance record

Additional selection criteria may apply to some courses. These criteria will be negotiated at the local level and made available through the school's TVET/SPY/TOP contact person.

The number of places available in some courses may be limited by restricted facilities or the availability of work placements.

Please be aware that students should be responsible for arranging their own transport to and from the TAFE NSW college/campus and that travel out of school hours may be necessary.

When each student has completed the application form they should check that they have:

- discussed with appropriate school personnel which TVET/SPY/TOP courses will be made available which college/campus will be able to deliver the course travel and/or time arrangements how he/she can demonstrate that he/she meets the selection criteria
- completed Parts 1, 2, 3, 4, 5 and 6 correctly
- (if appropriate) had the school complete Part 3
- had his/her parent/caregiver sign the form in Part 7 #
- had the principal complete and sign the form in Part 8
- (if required) attached to the form a copy of his/her **most recent school report**

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### TVET/SPY/TOP course details

①

The student enters known course information details. It is essential to indicate the course name, delivery day and delivery TAFE college/campus. TVET/SPY/TOP offer codes are allocated to TVET/SPY/TOP courses by the TAFE institute consultant – TVET. Please ensure you include the TVET/SPY/TOP offer code on your application. If your application does not indicate what offer code you are applying for, your application will be considered incomplete and will be returned to your school.

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### Student information

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**This form cannot be processed if any information is incomplete.** The student enters their name, address, date of birth, year of study at school (especially if Stage 5), Board of Studies student ID, school details and support information. Schools are required to check the accuracy of the information provided.

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# If the student is considered independent, ie not under the care of a parent/guardian, the school principal should verify this in writing. The student will then sign the form on his/her own behalf.

### 3a. TAFE Statistics

All questions are to be completed **by the student**. This section is **COMPULSORY** for all TAFE NSW students and enrolment cannot continue if this section is incomplete.

### 3b. School Statistics

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All questions are to be completed **by school personnel** for students with a disability or additional learning needs. If a box has been ticked in Question 1 and the answer to Question 2 is "No", contact with the relevant TAFE personnel should be made to plan for any adjustments.

School personnel should consult with the relevant sector representatives prior to completing this section of the form:

Sector	Sector Representative/s
DET Region	Support Teacher Transition or Disability Programs Consultant
Diocese	Diocesan Contact Officer
Catholic Congregational School	School Special Needs Contact Officer
Independent School	School Contact Officer

④

### Previous student TAFE studies/current school studies/reason for wanting to do the course

These sections are to provide school and TAFE NSW staff with sufficient background information to place the student in a course. Students are to provide useful information indicating that they have considered training and work in the industry area as part of their **career planning**, including relevant information from their **school to work planning** in accordance with the requirements of their school sector.

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Students are asked to indicate whether they wish to apply for credit transfer, the details of which are included at the end of the application form. Students are also asked to sign a **Student's Declaration**. Before doing so, students should read the statement fully and ensure that they understand what they are signing. An appropriate person at the school will be able to provide advice on this matter.

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### 7a. Government school student - parent/caregiver acknowledgement #

In signing this form the parent/caregiver **acknowledges** the students' interest in undertaking a TVET/SPY/TOP course and **confirms their awareness of the travel and/or time matters** (mentioned in the introductory section above).

In signing this form the parent/caregiver indicates that she/he has read and agrees to abide by TAFE NSW policy on the management of risk of harm to students and staff, the details of which are included at the end of the application form.

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### 7b. Non government school student - parent/caregiver acknowledgement #

In signing this form the parent/caregiver **acknowledges** the student's interest in undertaking a TVET/SPY/TOP course **confirms awareness of the travel and/or time matters** (mentioned in the introductory section above) and agrees to pay any fees and charges attached to the course, which are non-refundable.

In signing this form the parent/caregiver indicates that she/he has read and agrees to abide by TAFE NSW policy on the management of risk of harm to students and staff, the details of which are included at the end of the application form.

*# If the student is considered independent, ie not under the care of a parent/guardian, the school principal should verify this in writing. The student will then sign the form on his/her own behalf.*

### School/sector acknowledgement of the application form

In signing this form the school principal (or delegate):

⑧

- **acknowledges** the student's interest in undertaking a TVET/SPY/TOP course
- **acknowledges** if the student is predominantly enrolled in a Stage 5 course at school
- if disability information is provided, **confirms that**
  - the disability information provided is accurate
  - if the course that the student is submitting an Application for is being delivered at the school, there are compelling reasons as to why the student with a disability is not being provided for on the same basis as other students at the school

If required locally, the diocesan representative should also sign this form.

### Application form processing

Arrangements for processing application forms vary between TAFE NSW Institutes. Unless notified otherwise, please forward the completed **Application to Undertake a TVET/SPY/TOP Course** to the TAFE NSW Institute offering the course. See website for details – [www.hunter.tafensw.edu.au/tvet](http://www.hunter.tafensw.edu.au/tvet).

Mark the envelope:

**ATTENTION: TVET CAMPUS ADMINISTRATOR**



PLEASE REPEAT THE INFORMATION FROM THE PREVIOUS PAGE IN THIS BOX			
Name of TVET/SPY/TOP Course:		TVET/SPY/TOP Offer Code:	
TAFE College/Campus:		Delivery Day:	
Start Date:		Finish Date:	
Board of Studies student number:			Form cannot be processed without this number
Family name:		Given name (in full):	

**④ Previous study at TAFE (read point ④ in the attached advice pages before completing this part)**

Have you previously enrolled at TAFE NSW before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list any TAFE courses you have previously undertaken:	
TAFE Institute:	College/Campus:
Course Name:	Year:
<b>TAFE NSW Credit Transfer:</b>	
I wish to transfer authorised recognition from ALL previously studied courses in TAFE NSW. (if so, please place a cross in this box) <input type="checkbox"/>	
Please refer to the TAFE NSW Credit Transfer statement at the end of this document	

**⑤ Current study at school (read point ⑤ in the attached advice pages before completing this part)**

List subjects you studied this year and the subjects you will study next year. (Indicate Life Skills courses)	
Subjects studied in 2011:	Subjects to be studied in 2012:

**⑥ Student's statement – Why do you want to do the course? (Read point ⑥ in the attached advice pages before completing this part)**

Using the space provided write a statement supporting your Application. Refer to the SELECTION CRITERIA of this form and include relevant information from your **school to work planning** in accordance with the requirements of your school sector to answer this question.

**ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.**


**Student's Declaration**

I understand that this Application does not guarantee a place in the TVET/SPY/TOP course. I understand the requirements of the TVET/SPY/TOP course for which I am expressing interest in and I am aware that, if necessary, places in the course may be allocated using a competitive selection process. I understand that my school/school authority may access my results from this course and that results will be provided to the office of the Board of Studies. I am aware that I may be responsible for arranging my own transport to and from the college/campus and that I may have to undertake some travel out of school hours. If accepted I am committed to completing the course.

I agree to abide by the TAFE NSW policies, instructions and rules and confirm the accuracy of the information which I have supplied. I consent to TAFE NSW verifying information about me from, or supplying it to, Centrelink, the Department of Veterans' Affairs, the Department of Immigration and Citizenship, the Universities Admissions Centre, the Office of the Board of Studies and the National Centre for Vocational Education Research (NCVER) and/or an agency authorised to undertake surveys. If I am an apprentice or trainee, I also consent to TAFE NSW verifying information about me from or supplying it to my employer, Australian Apprenticeship Centres and State Training Services (or the relevant State Training Authority). If I am a temporary visa holder I declare that I have read and understood the conditions relating to the enrolment of temporary visa holders in TAFE NSW. **Please refer to the Student Privacy notice at the end of this document.**

Signature: ..... Date: .....

**Once you have been registered on the TAFE system as a TVET/SPY/TOP student you will be issued with a username and password (or if you already have a logon from a previous enrolment, this should still work).**

**You will then be able to**

- logon to check your details
- provide your required statistical information
- look up your results, when available

⑦

## Parent/caregiver acknowledgment of Application #. Complete EITHER Part 7a or Part 7b. (Read point ⑦ in the attached Advice pages before completing this part)

### Online Communication Services - Acceptable Usage (Internet Access and Email)

The NSW Department of Education and Training (DET) provides students with an Internet and email account to improve their learning opportunities in a safe environment. Students must abide by the Department of Education and Training's (DET) policies when using the Internet and email services policies, published at: <https://www.det.nsw.edu.au/policiesinter/category.do?level=TAFE>

Students under 18 years of age will be provided with an Information Sheet for parents or guardians to read. This is also available online at: [http://www.schools.nsw.edu.au/media/downloads/schoolsweb/adminsupport/schtechnologies/internet/sibe\\_infosheet.pdf](http://www.schools.nsw.edu.au/media/downloads/schoolsweb/adminsupport/schtechnologies/internet/sibe_infosheet.pdf)

Parents or Guardians of students under 18 years of age will need to inform the student's campus in writing if they DO NOT want their child to have access to the NSW DET Internet and email facility.

#### 7a. Government school student

I support this Application for placement in a TVET/SPY/TOP course and confirm my awareness of the travel and/or time matters mentioned in the attached Advice document. I have read the section titled **Management of Risk of Harm to Students and Staff** at the end of this document. I understand that my child's welfare/safety and that of other TAFE students and staff is best served by my complete and honest disclosure of any particular needs that he or she may have that may affect his or her safety or supervision during the TVET/SPY/TOP course.

Name (Please print): .....

Signature: .....

Date: .....

#### 7b. Non government school student

I support this Application for placement in a TVET/SPY/TOP course and confirm my awareness of the travel and/or time matters mentioned in the attached Advice document. I have read the section titled **Management of Risk of Harm to Students and Staff** at the end of this document. I understand that my child's welfare/safety and that of other TAFE students and staff is best served by my complete and honest disclosure of any particular needs that he or she may have that may affect his or her safety or supervision during the TVET/SPY/TOP course. I understand that there will be a TVET/SPY/TOP fee and applicable charges for this course, which are non-refundable. I agree to pay fees and charges as notified to me by the school. I will contact the school for details of all required payments.

Name (Please print): .....

Signature: .....

Date: .....

*# If the student is considered independent, ie not under the care of a parent/guardian, the school principal should verify this in writing. The student will then sign the form on his/her own behalf.*

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## School/sector acknowledgment of the application (read point ⑧ in the attached advice pages before completing this part)

### School acknowledgement (endorsement by PRINCIPAL or DELEGATE):

- I confirm that the information provided is **ACCURATE** and **COMPLETE**
- I acknowledge that this student is predominantly enrolled in a STAGE 5 COURSE AT SCHOOL.  Tick if student is in Stage 5 at school
- I confirm that if the course that the student is submitting an Application for is being delivered at the school, there are compelling reasons as to why this student with a disability is not being provided for on the same basis as other students at the school.

Name (Please print): .....

Signature: .....

Date: .....

**Sector acknowledgement (complete if required locally):** I confirm that the information provided is accurate (endorsement by Diocesan representative).

Name (Please print): .....

Signature: .....

Date: .....

### TAFE NSW Credit Transfer

If you have successfully completed the SAME or an EQUIVALENT unit to one that is in your current course, the result from your previous study will be TRANSFERRED to your current course and included on your TAFE NSW Transcript of Academic Record. Your Head Teacher/Teacher can advise you of the units for which grades will transfer. There may be some cases where it is NOT possible to transfer a grade. In these cases, your TAFE NSW Transcript of Academic Record will indicate that the unit has been achieved BY ADVANCED STANDING or log onto your Student e-Services account and view the Enrolment Details Screen.

### Student Privacy

Information collected by the New South Wales TAFE Commission during a student's enrolment and attendance will be used for the purposes of general student administration, identification, communication, state and national reporting, program monitoring, evaluation and surveys. Student information will be held securely and disposed of securely when no longer needed.

The information may be disclosed to Centrelink, the Department of Veterans' Affairs, the Department of Education, Employment and Workplace Relations, the Department of Immigration and Citizenship, the Universities Admissions Centre, Office of the Board of Studies and the National Centre for Vocational Education Research. In order to meet the requirements of Registered Training Organisations under the Apprenticeships and Traineeships Act 2001, apprentice and trainee information is provided to employers, Australian Apprenticeship Centres and State Training Services (or the relevant State Training Authority).

While the provision of the information requested on this student enrolment form is not required by law, it is a requirement of TAFE NSW and your enrolment will not be accepted if it is not provided.

You may correct your personal details by contacting your TAFE NSW campus administration or by using TAFE NSW Student e-Services.

### Management of Risk of Harm to Students and Staff

TAFE NSW is required by law to ensure the health and safety of students, staff and visitors on our premises. In order to meet these legal obligations it is necessary for us to assess and manage any known risk of violent behaviour. If you have a history of violence that may suggest that you could pose a current risk of any type to TAFE students, staff and/or visitors it is a condition of your enrolment to advise the Campus Manager, a TAFE Counsellor or your Head Teacher prior to attending your first class.

For these purposes 'violence' is not restricted to physical acts. It includes any behaviour in the last ten years that seriously interferes with the physical or psychological safety and well being of others such as:

- actual violence to any person
- possession of or use of a weapon or any item with the intention to cause harm or injury to others
- threats of violence or intimidation of others
- suspension or expulsion from any school or educational institution for violent or aggressive behaviour.

TAFE NSW is committed to offering vocational education and training to the entire community. Following your advice of a potential risk, we will carry out an assessment of the current risk and, if necessary, provide support and a management plan. Only in exceptional circumstances will a risk assessment lead to exclusion from enrolment. It is our aim to provide an appropriate, safe environment to suit every student's needs and maximise your success in your studies.

**The following ten pages must be fully completed and submitted together along with a TVET application form 2012  
TVET Application – 5 pages + Outdoor Recreation Additional Information – 11 pages**

*The purpose of this form is to allow us to adequately prepare for your participation in Outdoor Recreation with TAFE NSW. This information is strictly confidential. Students under 18 years of age must have their parents or legal guardians sign this form. Please attach a separate, signed piece of paper if you need to provide more information.*

Name..... DOB..... Phone H ..... W..... Mob.....  
Address ..... Postcode .....

As this course is in high demand, where possible, please identify in order of preference and your availability, which Block Release you would like to attend. If you could only attend for one specific block release date please only identify that preference.

Preference	TVET Offer Code (12/L.....)	Dates of Block Release
Preference 1	12/L	
Preference 2	12/L	
Preference 3	12/L	

Medical group ..... Number ..... Female  Male  Please tick

Medicare Number..... Your Doctor..... Phone .....

**1<sup>st</sup> Emergency contact:**

Name..... Relationship..... Phone H..... W .....

Address ..... Phone Mob.....

**2<sup>nd</sup> Emergency Contact:**

Name..... Relationship..... Phone H..... W .....

Address ..... Phone Mob.....

Date of last tetanus inoculation? ..... **(We strongly recommend you are current with your inoculations)**

Are you a Swimmer? **Y / N** (Swimmer indicates you can swim unassisted more than 100 metres)

Do you wear glasses or contacts? **Y / N** Do you have dentures / false teeth? **Y / N**

Detail any specific dietary requirements you have.....

Do you have any known allergies? **Yes / No** If yes, **what is the allergy and reaction?** .....

.....

***You must complete Allergic Reaction Management Plan Part One and Two***

Do you have asthma **Yes/ No** if yes, what is the trigger and the reaction?.....

.....

***You must complete the Asthma management plan on the following page***

Do you have any disabilities or illnesses? **Yes / No** (eg, diabetes, epilepsy, dyslexia, deafness, vision impairment, high blood pressure, heart and or lung condition, emotional behaviour disorders). Please give details .....

.....

If yes to any of the above, have you ever been hospitalised for your condition. ? Please advise details. ....

.....

Have you ever suffered from a stress related illness? **Yes / No** Please give details.....

.....

Are you currently taking any form of medication? **Yes / No** If yes, detail name, dosage and frequency and for what condition

.....

..... **This medication MUST come away on program**

Do you have any past injuries? **Yes / No** If yes, details please .....

Have you undergone surgery in the past 3 years? **Yes / No** If yes, details please including date and type .....

Are there any other medical conditions we should be aware of?.....

**IMPORTANT NOTICE**

*Outdoor activities, by their nature, possess inherent risks. Certain additional risks and dangers may be encountered including; remoteness from normal medical services, physical exertion in rugged environments and extremes in weather.*

**Do any of your medical conditions impact on your capacity to perform strenuous physical exercise; or would be a risk when working at heights; or could any of your medical conditions pose a potential life threatening risk in the outdoor environment? YES/NO**

If yes, please explain.....  
.....  
.....  
.....

Signed..... Date ...../...../.....  
(For students under 18 years of age please see PARENT or LEGAL GUARDIAN section on this page)

**MEDICATIONS**

It is common for TAFE staff to carry the following medications in their first aid kits.

**Please specify if any of the following medications should not be given to you.**

Panadol-500mg, Nurofen-200mg, Telfast-180mg, Imodium-2mg, Glucodin-50mg, Gastrolyte-5.2g, Ventolin-100mg, Senokot-7.5mg, Epi-pen-0.3ml

**PARENT or LEGAL GUARDIAN**

Parent/Legal Guardian..... Date ...../...../.....  
(For students under 18 years of age)

**ASTHMA MANAGEMENT PLAN**

To assist us in taking the appropriate precautions, it is important that we have the following information. This level of information is recommended as a minimum by the Asthma Foundation. Please seek advice from your medical practitioner if necessary when completing this section and attach separate sheet is necessary.

Regular medication.....  
Quantities and daily dosages.....  
Additional medication to be taken during an attack (please specify name, dosage and reason)

**(The medications listed above must be carried in the field)**

Expected best Peak Expiratory flow reading (if known) .....  
Peak Expiratory flow reading requiring extra medication (if known).....  
Peak Expiratory flow reading when advisable to seek medical assistance (if known) .....  
Known trigger factors: .....  
.....  
Other Details: (please fill out part two of allergic reaction management form).....  
.....

# ALLERGIC REACTION MANAGEMENT FORM

## (Part One)

*The purpose of this form is to allow us to adequately prepare for your participation in Outdoor Recreation with TAFE NSW. This information is strictly confidential.*

*Students under 18 years of age must have their parents or legal guardians sign this form.*

*Please fill in both sides of the form.*

**Seek the advice of your medical practitioner if necessary when completing this form.**

**Name:** .....

**Allergic To:** .....

What are the signs and symptoms of the reaction?

.....  
.....

Have you at any time in the past suffered from?

- **A localised reaction** (any rash, itching, swelling at the site the poison has entered)
- **A systemic reaction** (any rash, itching swelling away from the site where the poison has entered)
- **An anaphylactic reaction** (severe breathing problems, swelling of the body, emergency situation, loss of consciousness)

What medication do you take (if any) for prevention against an allergic reaction?

All medication for the sufferer's allergic reaction must be brought on the program and noted on the medical form.

.....  
.....

**What treatment is followed if an allergic reaction occurs?**

.....  
.....  
.....

**Please fill in the (Part Two) of this form**

# ALLERGIC REACTION/ ASTHMA MANAGEMENT FORM (Part Two)

## Six vital questions – (please answer by circling)

- |   |          |
|---|----------|
| 1. Do you suffer a systemic reaction to your allergy/asthma?  | Yes / No |
| 2. Do you have an anaphylactic reaction to your allergy?  | Yes / No |
| 3. Is there a family history of anaphylaxis?  | Yes / No |
| 4. Have you ever been hospitalised due to an allergic reaction/asthma attack?   | Yes / No |
| 5. Is adrenaline (eg adrenaline injection, epi-pen) administered when you suffer from an allergic reaction/asthma attack? | Yes / No |
| 6. Has oral steroid use been part of the treatment for you allergy/asthma?  | Yes / No |

If **YES** has been answered to anyone of these 6 vital questions the following is mandatory:

**Your medical practitioner must be consulted about your / their participation in the program.**

**Participation in the program will depend on full agreement by the TAFE Coordinator and the Medical Practitioner.**

The medical practitioner is to be advised of the following information:

- On wilderness programs the participant may be more than 4 hours away from medical/hospital treatment
- TAFE staff have current first aid qualifications and carry Remote Area or Wilderness First Aid kits

I (first name, last name).....

Of (address).....

.....

Telephone (h)..... (m)..... (w).....

Agree to participate in a TVET camp as delivered by Outdoor Recreation teachers within TAFE NSW.

**I (or my son/ daughter /ward) agree and understand that:**

- Outdoor activities such as bushwalking, canoeing, rock climbing, abseiling, kayaking, cross country skiing and canyoning possess inherent risks.
- The activity will be fully supervised by qualified outdoor TAFE staff.
- I attend the activity entirely at my own risk, and must exercise due care to ensure my personal safety and that of others.
- I have no known medical or physical condition that may be exacerbated by participation in the activity (If so, detail on medical form).
- I will conduct myself in a safe and responsible manner for the duration of the activity.
- I must follow any direction or advice affecting my safety given me by TAFE outdoor staff.
- I hereby consent and agree to TAFE using my photograph, video or film likeness for promotional or training purposes.
- I accept all risks associated with the activity for myself and my heirs, executors and assignees and release TAFE NSW and its servants and agents from all claims, actions, suits, and demands from loss or injury to me or my dependents arising from my participation in this activity.

If you have any questions regarding the activity contact:

- Your School TVET Co-ordinator  
Or
- **Peter Ljubic** | Outdoor Recreation Coordinator – Hunter TAFE | Phone: 02 49360341 |

**I have read this indemnity agreement and I fully understand its contents.**

Signed: ..... Parent / Guardian: .....

Date: ..... Date: .....

**(NOTE: to be signed by a parent or guardian when the participant in under 18 years of age.)**

# TAFE OUTDOOR RECREATION DISCIPLINE POLICY

In an Outdoor Recreation setting, classes are not held within the confines of a building but instead are conducted in the outdoor setting. The environment surrounding the class can be unsafe should students not follow instructions from staff. For example there are inherent risks associated with cliff environments where abseiling and rock climbing are taught and river environments where canoeing is taught. For obvious safety reasons it is essential that students follow staff directions at all times when learning in these sorts of environments.

At the beginning of a program, staff and students will sit down to discuss standards of acceptable behaviour and a "Learning Contract" will be drawn up. These contracts typically include things like being respectful, one person talking at a time, not putting other people down, being honest, respecting other people's right to learn etc

## **Discipline Breaches in the Field**

Should a student be operating in an inappropriate or unsafe manner they will have committed a discipline breach which equates to a designated discipline level. This breach may be as simple as moving too close to the edge of the cliff whilst unroped or entering a canoe without a floatation device.

Students will generally receive two level 1 discipline breaches before being removed from the activity; a third offence may result in removal from the program following consultation with the TAFE On Call Contact (OCC). Should a student be knowingly placing themselves or others at risk then they will receive no warnings but will be removed from the activity (Level 2).

## **Discipline Levels:**

**LEVEL 1** - A minor behavioural issue will receive a warning and an explanation as to why that behaviour is unacceptable. TAFE OCC does not need to be notified, but a discipline proforma needs to be completed and lodged with the Head Teacher upon return from the program

**LEVEL 2** - Ignoring this warning by continuing the same behaviour or a similar behaviour will receive a warning of removal. The student may also be isolated from the activity at this level. The OCC is to be notified and a discipline proforma needs to be completed and lodged with the Head Teacher upon return from the program. At this point the TAFE OCC will contact the student's school contact and parents

**LEVEL 3** - Ignoring this warning by continuing the same or similar behaviour will result in the offending student being removed from the program. A student may also reach level three and program removal by a single breach such as violence, drugs and alcohol.

**Student Name:** .....

**School:** .....

**Supported by: (school delegate)** .....

**Parent/Guardian:** .....

**Selection Criteria for Hunter Institute TVET/Outdoor Recreation/Block Delivery:** each enrolling student needs to answer the following questions. The answers will determine whether you are successful in gaining a place on a program.

Please note: Places for this course are limited and extensively resourced. The failure of a successful applicant to not attend this program will affect TAFE NSW and your school's ability to undertake future courses.

**Please describe:**

•**Your current attitude to school study.**(eg Why is your current school study attitude important to being on this program?)

.....  
.....  
.....

•**Your level of maturity.** (eg why is being mature important on this program?)

.....  
.....  
.....

•**Your suitability to an adult learning environment** (eg how well do you work with others and how could you improve?)

.....  
.....  
.....

•**Your commitment to completing this 10-day course?** (This program can often be mentally challenging. 'When the going gets tough' what are your strengths?)

.....  
.....  
.....

•**Your current interest in this program.** (eg what are your current outdoor hobbies and interests? How could this program contribute to your future study plans and possible career interests?)

.....  
.....  
.....

**You will be advised via mail whether you have been successful or not in gaining a place in this course.**

I ..... **sign this application to acknowledge I understand my responsibility as a committed applicant to attending and completing this Outdoor Recreation course I am applying for.**

**Signature** .....

**BOAC MEDICAL & CONSENT FORM**

Hunter TAFE - TVET, 2012

To be filled out by parent or guardian.

Name of Student:	Age:	
Address:		
Phone: (home)	(work)	(mobile)
Date of Birth:		
Weight:		
Height:		
Is your child in a medical fund: Y / N If yes what is the name of your medical fund:		
Medicare Number:		
Doctor's Name:		
Date of last tetanus injection:		
(If your child's tetanus is not current please see your doctor)		

Sex:	M	F	If yes write details in appropriate column below:
Ambulance Cover:	Y	N	
Private Medical Cover:	Y	N	
Does your child suffer from any Chronic Injury or Illness:	Y	N	
Does your child have any Allergies: (eg drugs, food, plants)	Y	N	
Does your child suffer from: Heart Problems:	Y	N	
Does your child have any Emotional / Behavioural Disorders:	Y	N	
Does your child suffer from Blood Pressure:	Y	N	
Does your child suffer from: Asthma:	Y	N	If yes, Asthma Management Plan must be completed.
Does your child suffer from: Phobias:	Y	N	
Does your child require: Medication:	Y	N	
Does your child: Wet the Bed:	Y	N	
Does your child: Sleepwalk:	Y	N	
Suffer Travel Sickness:	Y	N	
Special Dietary Requirements:	Y	N	

How would you rate your child's swimming ability? Can't Swim:	Y	N
Poor – Basic strokes, only limited strokes beyond domestic swimming pool:	Y	N
Able – Nothing more than dog paddle:	Y	N
Good – Strong swimmer, able to swim confidently in a variety of water conditions:	Y	N
Excellent – Very strong and confident, could swim 50 metres fully clothed:	Y	N

PARENT or GUARDIAN CONSENT As parent / guardian I understand that Barrington Outdoor Adventure Centre and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though Barrington Outdoor Adventure Centre and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward that may place him / her at greater than normal risk. I authorise that Barrington Outdoor Adventure Centre and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I

am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child / ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

\_\_\_\_\_  
Signature of Parent / Guardian:

\_\_\_\_\_  
Print Full Name of Parent / Guardian:

\_\_\_\_\_  
Date:

<p><b>Medication Form</b> Hunter TAFE - TVET, 2012 To be filled out by parent or guardian.</p>
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I,.....(name of parent/guardian)

Give permission for medication to be administered to my child/ward.

..... (name of child/ward)

Administer from (insert dates): ..... to .....

Name of Medication:

.....

Reason/purpose for medication:

.....

.....

Time of day to be administered:

.....

Amount to be administered:

.....

Is your child/ward familiar with taking this medication?      YES/NO

In the unlikely event that your child/ward misses the allocated time, what steps  
Would you like taken (eg. administer straight away, call you)

1. ....

2. ....

3. ....

Are there any special requirements with your child/ward's medication?

(eg. rest, to be taken with food)

.....

.....

Please Note: Container must be clearly marked with child/ward's name, dosage and instructions for dispensing.

We understand that, while BOAC staff and instructors may be prepared to assist in this matter, the ultimate responsibility rests with us as parents/guardians.

**IF THERE ARE ANY PROBLEMS WITH THE CHILD/WARD TAKING MEDICATION,  
PARENTS/GUARDIANS WILL BE CONTACTED IMMEDIATELY.**

SIGNATURE: ..... (Parent/Guardian)

Date:.....



## **Waiver of Liability (Acknowledgement of Risk Agreement)**

Climbing, bouldering and abseiling are dangerous recreational activities with obvious risks. All climbers must be willing to take personal responsibility for their own safety and actions and acknowledge the inherent risks involved.

### **YOU ARE PARTICIPATING AT YOUR OWN RISK**

As acknowledgement of my understanding I agree to initial each statement below and fill in my personal details, sign and declare all information contained herein to be true and correct.

To minimise any risk, I agree to comply with all verbal directions given by management and/or staff. I further agree that I have read, understand and agree to comply with all Rules and Safety Instructions which are displayed throughout this facility. I will ask for an explanation to my satisfaction should I not fully understand any of these instructions, prior to commencing any or all of the above activities. \_\_\_\_\_

I understand that indoor climbing involves risks that may cause various injuries and that such injuries may result in death or serious disability. I also understand that indoor climbing is physically demanding and in susceptible people may cause panic, hyperventilation or heart attack. \_\_\_\_\_

I agree that I have been sufficiently advised of the risks of indoor climbing. I wish to participate and do so entirely at my own risk of injury or bodily harm to myself. I accept full liability for my actions and the actions of any person in my care, whilst utilising this facility. \_\_\_\_\_

I hereby release Pulse Climbing Pty Ltd, the owner of the premises and all employees, staff and assistants of Pulse Climbing Pty Ltd, or any other persons involved in my participation in indoor climbing at Pulse Climbing from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my participation in any or all of the above activities. \_\_\_\_\_

I acknowledge and accept that should my actions or the actions of those in my care, present a danger or be of a reckless nature to either ourselves or to others at this facility, then the management and /or staff of Pulse Climbing Pty Ltd have the right to request me/us to leave the premises immediately and that we will not be entitled to a refund or recourse of any nature. \_\_\_\_\_

I am aware that the waiver is ongoing and will apply to all future occasions I participate in indoor climbing at Pulse Climbing. I furthermore acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns. \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

I am over 18 and legally competent to sign this agreement. **Signature** \_\_\_\_\_

By signing this form I acknowledge, understand and agree to all of the above statements, terms and/or conditions

(even if I have not initialled all of the statements).

If **under 18 years** Full name and signature of parent or guardian. Name \_\_\_\_\_

Signature \_\_\_\_\_

**Emergency Contact Details:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_