



Broken Hill High School

No Reward Without Effort

Principal: Mr Ross Mackay
Garnet Street, Broken Hill NSW 2880
Phone: 08 8088 1522
Email: brokenhill-h.school@det.nsw.edu.au
Website: www.brokenhill-h.schools.nsw.edu.au

10 August 2022

Dear Parent/Carer,

Students in Years 10 and 11 have the opportunity to attend a Country University Centre Far West program aimed at preparing students for the workforce/TAFE/University.

The program will involve sessions on communication skills, personal presentation, goal setting, job interview skills and TAFE/Uni pathways.

Year 11 'Life Literacy' details are as follows:

When: Wednesday, 17 August 2022.

Where: Country University Centre, Crystal Street.

Time: 11:05am – 12:45pm.

Transport: Students will be walking to the venue. Students will be dismissed from venue.

Requirements: School uniform, appropriate footwear and a water bottle.

Year 10 'Life Literacy' details are as follows:

When: Thursday, 18 August 2022.

Where: Country University Centre, Crystal Street.

Time: 1:42pm – 3:28pm.

Transport: Students will be walking to the venue. Students will be dismissed from venue.

Requirements: School uniform, appropriate footwear and a water bottle.

The staff member with CPR training accompanying the students is Ms Jodie Clarke.

For any further information, please do not hesitate to contact Ms Jodie Clarke at the school on 8088 1522, during business hours.

Please complete, sign and return the permission note, medical form and the consent for use of photos by Country University Centre to Ms Clarke **ASAP**.

Yours faithfully,

Ms Jodie Clarke
Senior Study Coordinator

Mr Ross Mackay
Principal

Broken Hill High School
Country University Centre Life Literacy Program
Permission Note

I give permission for my child/ward _____ of Year _____ to attend the Life Literacy program held at the Country University Centre on **Wednesday, 17 August 2022 for Year 11** or **Thursday, 18 August 2022 for Year 10**.

- I have read the information issued and I hereby consent to my child/ward participating in the excursion.
- I acknowledge supervision details as outline on the Excursion Note.
- I understand and agree that if my child/ward seriously contravenes behaviour expectations, they may have their behaviour reported back to the school and be subject to the normal school discipline guidelines.
- I give permission for my child/ward to receive medical treatment in case of emergency.
- I acknowledge that this event/activity is required to be held in accordance with any current New South Wales (NSW) Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child/ward will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

My child/ward has the following special needs (please provide full details on the attached medical form and include any relevant details).

Privacy Notice

The personal information provided on this permission note will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child/ward on this excursion. The provision of this information is voluntary, but your child/ward may not be eligible to attend if it is not provided. This information will be stored securely and may be amended at any time by contacting the excursion coordinator.

Signed: _____

Parent/Carer: _____ **Date:** _____

Please return to Ms Jodie Clarke in the Library ASAP.



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The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may attend the excursion detailed on the attached letter.

The information will only be used by the school in the case of an emergency. This information will be stored securely. Failure to supply this information may impede obtaining medical attention for your son / daughter as required.

Medical Details

Student Name: _____ **Date of Birth:** _____

Medicare No: _____ **Expiry Date:** _____

Date of last tetanus shot: _____

Known Allergies including food:

Other medical details of which we should be aware:

Doctor Contact Details: **Name** _____

Address _____

Phone No: _____

Parent/Carer Details: **Name:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____

Emergency Contact if required:

Name: _____ **Phone No:** _____

Signed: _____ **Parent/Carer Name:** _____ **Date** _____

I give permission for my child/ward to take panadol if required Yes/ No

MEDIA CONSENT FORM

I hereby give my consent to photographing and video recording, containing images of me obtained by Country Universities Centre (CUC) being used by CUC free of charge for the following purposes.

- Use in CUC publications and presentations;
- Use in CUC websites and social networking sites;
- Use in media including: newspaper/magazine/television/radio/film;
- Use in research and evaluation.

I understand that images may be published from time to time by CUC and while I can withdraw my consent for the use of the images/videos in further publications at any time, I understand and agree that images that have already been published could be viewed in the future and that CUC may be unable to prevent this from occurring.

Name			
Email			
Phone			
Signature		Date	

If you are under the age of 18, you will need to have your parent or guardian sign this document.

Parent/Guardian's Consent

I hereby declare that I have legal responsibility for the minor who has signed above and agree to the terms outlined.

Name			
Email			
Phone			
Signature		Date	

Please request a copy of our Privacy Collection policy for further information.