

CHESTER HILL PUBLIC SCHOOL

Quality education in a caring learning environment

Address: Proctor Parade Chester Hill 2162
Email: chesterhil-p.school@det.nsw.edu.au

Phone: 9644 1286 9644 1251 Fax: 9743 8094
Web: www.chesterhil-p.schools.nsw.edu.au



Year 6 "Next Step Tours" Excursion

"Next Step Tours" provides Year 6 students with inspiration to assist in a successful transition into high school. This excursion gives students an opportunity to visit 3 local businesses, listen to brief presentations on the types of careers which exist behind the front door and get involved in some hands-on activities.

The visits aim to enable the students to start thinking about interests and goals in life. The tour will highlight the importance of education, subject choices and introduce skills that will help students when they transition into high school and the workplace.

One of the businesses we will visit is Treetops Adventure Park in Abbotsbury. Please sign the waiver attached to this note in order for your child to participate. If this waiver is not signed, your child will not be able to participate in the excursion. Please do not use red pen. Attached is also a consent form for photographs to be taken on the day.

This Next Step Tours Excursion is an activity of the Building a Bridge to High School project, which is funded under the Bankstown Communities for Children initiative and delivered by Woodville Alliance.

When: Thursday 22 March 8:30am-3pm.

What to bring: Recess and water in a disposable bag

What to wear: School uniform and enclosed sports shoes

Cost: Free

A pizza lunch will be provided – There will be halal options



everyone's family

Attendance on this excursion is dependent upon good behaviour at school.

Penny Stavrinou
Assistant Principal

Year 6 "Next Step Tours" Excursion

I give permission for my child _____ class _____ to attend the "Next Step Tours" Excursion on Thursday 22 March 2018. **I understand that attendance on this excursion is dependent upon good behaviour at school.**

My child may be photographed by Woodville Alliance Yes No

My child has dietary requirements No Yes _____

Signed _____

Date _____



TOGETHER FOR A BETTER FUTURE

ACN: 606 387 231 | ABN: 89 606 387 231

1 Kamira Court, Villawood NSW 2163

PO Box 468 Villawood, NSW 2163

P: (02) 9724 3807 | F: (02) 9726 0325

info@woodville.org.au

BUILDING A BRIDGE TO HIGH SCHOOL CHILD REGISTRATION FORM

The information that you provide on this form includes your child's personal information. Your child's personal information is protected by law; including by the Commonwealth Privacy Act 1988.

The client management system that we are using is an IT system called the 'DSS Data Exchange'. This system is hosted by the Australian Government Department of Social Services. Your child's personal information that is stored by the Department on the DSS Data Exchange will only be disclosed to us for the purposes of managing your child's case.

The Department de-identifies and aggregates data in the DSS Data Exchange to produce information for policy development, grants programme administration, and research and evaluation purposes. This includes producing reports for sharing with service providers. This information will not include information that identifies your child, or information that can be used to re-identify your child, in any way.

More information is available to you about the way the Department will manage your child's personal information in the Department's APP privacy policy, which the Department has published on its website. This policy contains information about how you may access personal information about your child that is stored on the DSS Data Exchange and seek correction of that information. This policy also includes information about how to complain where you believe that a breach of the Australian Privacy Principles by the Department has occurred, and how the Department is required to respond to your complaint.

I _____ (name of parent/carer/guardian) give permission for the information provided about my child _____ (name of child) to be collected by Woodville Alliance on behalf of the DSS, and stored in the DSS Data Exchange. I understand that personal information including names and addresses will be confidential and not be able to be accessed by any DSS staff members. I also understand that I may withdraw this consent at any time.

Yes No

(Please note that the DSS will not store a client's name or pseudonym, and or street-level address, on the DSS Data Exchange unless this consent has been obtained.

I consent to providing feedback on my child's participation in this project, and being contacted at a later date to participate in follow-up, evaluation and/or for research purposes. I understand that information is collected to improve services and participation is voluntary. All research conducted is approved by a recognised ethics committee.

Yes No

Signature: _____ Date: _____

What is your relationship to the child?

Mother
Father
Grandparent

Non-related and/or paid carer
Related/kinship carer
Other: _____

Child's Details

Full Name: _____ DOB: _____

Address: Number: _____ Street _____

Suburb _____ Postcode _____

Mobile Number: _____ Home number: _____

Gender: Male Female Intersex or indeterminate

Indigenous Identity?

Aboriginal but not Torres Strait Islander Origin
Torres Strait Islander but not Aboriginal Origin
Both Aboriginal and Torres Strait Islander
Neither Aboriginal nor Torres Strait Islander

Was your child born overseas? Yes No

If yes, which country was your child born in? _____

When did your child arrive in Australia _____ (Month/Year)

What is your child's ancestry? _____

Eg. Greek, Vietnamese, Assyrian, Australian

What is the main language spoken at home? English Other than English _____

Does your child have a disability? No

Yes- Intellectual/learning Psychiatric Sensory/Speech Physical/diverse Don't wish to state

What is your family composition?

Sole parent with dependent(s) Couple with dependent(s)

waiver



WARNING: This activity is a dangerous recreational activity as defined in the Civil Liability Act. Please read carefully and sign the following.

Ecoline offers the possibility to take part in the activities of **TREETOPS WESTERN SYDNEY** where the enjoyment is derived in part from the inherent risk of participation. The company provides relevant safety/protective equipment and procedural instruction considered necessary for safe participation in such activities. The park is fully covered by public liability insurance. However, when established safety procedures are not followed, the risk associated in participating in such activities is increased.

Important: The equipment provided must be used according to the instructions given. Your signature on this form is required for you (meaning you and any children who are participating under your responsibility and whose name(s) have been written below) to participate in the activities offered at TreeTops.

I _____ of _____
(Name of Participant or Parent/Carer if participant is under 18 years-old) (Address)

(Postcode)

Name of participant under 18 years old	Age	Name of participant under 18 years old	Age

I hereby acknowledge that I have been advised and thoroughly informed of the risks of the activities.

In particular, I acknowledge that:

- Nothing in this form excludes, restricts or modifies any condition, warranty, right or remedy, implied or imposed by any Statute or Regulation that cannot lawfully be excluded, restricted or modified as contained within the Competition and Consumer Act 2010 (commonwealth), formerly the Trade Practices Act which may include Part V of the Trade Practices Act 1974 (commonwealth) and corresponding provisions of State or Territory legislation. All express or implied representations, conditions, warranties and provision, whether based in Statute, or otherwise relating to provision of products and services pursuant to all contemplated by this document that are not contained within these terms are excluded to the extent permitted by law.
- I am required to wear approved safety equipment while participating in the activities.
- I am required to attend and follow a training presentation on safety rules before participating in the activities.
- I am responsible for the full application of the safety rules.
- I am responsible for ensuring children/youth/juniors in my care follow the safety rules and are behaving appropriately.
- I am aware that there are instructors available to answer any questions that I have as to the proper use of the equipment.
- The activities may be physically demanding, requiring a basic level of physical fitness and that the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. It is strongly recommended that people with these conditions DO NOT participate.
- I do not suffer any illness, ailment or incapacity that may affect participation in such activities.
- I understand that the activities involve certain inherent risks and exposure to the natural elements.
- The company will rely on this declaration and is not responsible for my decision to participate in the activities.
- I have entered and remain on the premises of TreeTops and I am participating in this activity at my own risk.
- By the principals, servants and/or agents of Ecoline Pty Ltd and TreeTop Adventure Park Sydney Pty Ltd of the risks associated with the activities and to the extent permitted by law, I hereby release and hold harmless Ecoline Pty Ltd, TreeTop Adventure Park Sydney Pty Ltd, Western Sydney Parklands Trust, its principals, servants and/or agents from any suit, demand or claim whether present, future or contingent arising as a consequence of and not limited to death, injury or disablement received by myself/my children during the participation in the said activities.
- I allow TreeTops to use any video footage and photographs taken during my experience and consent to the use of the participant's name, likeness, voice and biographical material in connection with TreeTops and publicity or promotion of TreeTops, including without limitation, in connection with TreeTops Internet site. The ownership and copyrights to the video and photographs including the participant's appearance taken by the Company will remain with the Company.

I further state that I am of lawful age and legally competent to sign this waiver, or that I am legally competent to sign this document as a parent/guardian. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

Signature: _____

Date of signing document: ____/____/____ Date of participation if different: ____/____/____

This waiver form is signed by the adult named above on their own behalf and on behalf of any child under their care listed above.

