SOUTH WESTERN SYDNEY REGION

# Regional Secondary Schools SRC Conference 2013

## You are invited to send along

## 2 SRC students and the SRC teacher coordinator to the

## 2013 South Western Sydney

## Regional Secondary Schools SRC Conference

* Venue: Fairfield RSL

14 Anzac Ave, Fairfield, 2165

* Date: **Friday 15th March 2013**
* Time: 8:30 am – 2:45 pm
* Cost: NIL
* RSVP: Friday 8 March 2013

Brogan Mulhall- Ph: 92039920

Fax:92039999

* Rising Generations
* Practical Presentations
* Theme and planning workshops
* Morning Tea & Lunch Provided
* Creative SRC ideas
* Loads of information to take back to your SRC’s
* Great fun!!!!

SOUTH WESTERN SYDNEY REGION

# Regional Secondary SRC Conference 2013

PARTICIPANT APPLICATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | | | | |
| Gender | M F | Other details | | ATSI | NESB |
| Student’s School |  | | | Year |  |
| School Phone |  | | | | |
| Home Address |  | | | | |
| Home Phone |  | | Mobile |  | |

This Conference Application is supported by:

*(all signatures required)*

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Parent/Carer SRC Teacher Adviser Principal

Fax application forms, permission notes and medical forms to:

**Mr Brogan Mulhall**

**Student Welfare Consultant**

**Email:** [**brogan.mulhall@det.nsw.edu.au**](mailto:brogan.mulhall@det.nsw.edu.au)

**Fax: 9203 9999**

All applications are to be received by **Friday 8 March 2013**

SOUTH WESTERN SYDNEY REGION

# Regional Secondary SRC Conference 2013

**Consent Form**

Dear parent or caregiver

Your son/daughter has been invited to attend the South Western Sydney Regional SRC Conference.

Date: **Friday 15th March 2013**

Time: **8:30 – 2:45 pm**

Venue: **Fairfield RSL. 14 Anzac Ave Fairfield NSW 2165**

Lunch and morning tea will be provided.

Travel to be organised independently. Public transport via train to Fairfield Station. Exit eastern side of station. Anzac Ave is one street back from station

Please return section below to **your school first,** to then be forwarded onto Brogan Mulhall by 8 March 2013 via email – [brogan.mulhall@det.nsw.edu.au](mailto:brogan.mulhall@det.nsw.edu.au) or fax 02 92039999

Yours sincerely

Mr Brogan Mulhall

Student Welfare Consultant- Glenfield Office

South Western Sydney Region

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I consent to……………………………..….. participating in the South Western Sydney Regional SRC Conference at Fairfield RSL on 15th March 2013.

I give/do not give, permission for ……………………………………… to be photographed and videoed to be published and used for training purposes.

I have completed and attached the MEDICAL INFORMATION FORM.

I give / do not give, permission for my child to receive medical treatment in case of emergency.

Parent/ Caregiver Name …………………………………………………………………….

Signature ………………………........................................Date ……...............................

SOUTH WESTERN SYDNEY REGION

# Regional Secondary SRC Conference 2013

### Excursion Medical Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical information form** | | | | |
| This information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs for your child who may participate in educational activities conducted by or in conjunction with South Western Sydney Regional SRC.  It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.  Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.  Provision of this information is not required by law. However, a failure to provide the information maymean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.  Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.  You may correct any personal information provided at any time by contacting the school office. | | | | |
| *Student name*: …………………………………………………… *Medicare number (optional) …………………….……………* | | | *Class*: ……………………… | |
| **Parent or caregiver contact details** | | | | |
| *Name*: | ……………………………………………………………………………………………… | | | |
| *Address*: | ………………………………………………………………………………………………  ……………………………………………………………………………………………… | | | |
| *Home phone*: ………………... | | *Work*: ……………………..… | *Mobile*: ……………………… | |
| **Doctor contact details** | | | | |
| *Name*: | ……………………………………………………………………………………………… | | | |
| *Address*: | ………………………………………………………………………………………………  ……………………………………………………………………………………………… | | | |
| *Doctor’s telephone*: | | *1*. ……………………………… | *2*. ……………………………. | |
| **Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)** | | | | |
| *1. Name*: …………………………………………….…… | | | *Phone*: ………………………… | |
| *2. Name*: …………………………………………….…… | | | *Phone*: ………………………… | |
| *Student Name* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.** | | | | |
| ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………… | | | | |
| **Outline special dietary needs including possible reaction to inappropriate diet** | | | | |
| ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………… | | | | |
| **Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions** | | | | |
| ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| *Parent/ Caregiver*: ………………………………………………………… *Date*: …….………………… | | | |

Signature

Please return these forms to school first, School to then forward to Brogan Mulhall before

Friday 8 March 2013 via email [brogan.mulhall@det.nsw.edu.au](mailto:brogan.mulhall@det.nsw.edu.au) or fax 02 92039999