

## APPLICATION FOR ENROLMENT

### PRIVACY ACT

#### Collection and Disclosure of Personal Information:

Carinity Education – Townsville (hereafter called the ‘school’) collects personal information, including sensitive information about students, parents and guardians before and during the course of a student’s enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your child. Some of the information we collect is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care.

Certain laws governing and relating to the operation of schools require that certain information be collected. Health information about your student is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical information about your student from time to time.

The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, medical practitioners and people providing services to the school, including visiting teachers, (sport) coaches and volunteers. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news are published in school newsletters, magazines and on our website.

Parents may seek access to personal information collected about them and their child by contacting the school. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include; where access would have an unreasonable impact on the privacy of others; where access may result in a breach of the school’s duty of care to the student; or where the student has provided information in confidence.

We will not disclose your personal information to third parties for their own marketing purposes without your consent. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, and that they can access that information if they wish and that the school does not usually disclose the information to third parties.

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Date of Application:  /  /

Student Name:

Age:  D.O.B:  /  /  Year level requested:  Term:

Parent/Carer Name:  Parent/Carer Signature:



Name of the current/last school attended:

Year Left:  Year Level:  Phone Number:

Please provide a copy of the students birth certificate, most recent school report and NAPLAN report with this application form.

**PARENT/GUARDIAN DETAILS - Primary Carer**

Relationship to student:  Mother  Father  Other (please specify)

First name:  Last name:

Home address:  Post code:

Home phone:  Mobile:

Work phone:  Fax:

Email address:

**PARENT/GUARDIAN DETAILS - Primary Carer**

Relationship to student:  Mother  Father  Other (please specify)

First name:  Last name:

Home address:  Post code:

Home phone:  Mobile:

Work phone:  Fax:

Email address:

**EMERGENCY CONTACT DETAILS - Contact One (other than the above primary/secondary parent)**

Contact (1) name:  Relationship to family:

Home Phone:  Mobile:

Work Phone:  Email:

**EMERGENCY CONTACT DETAILS - Contact Two (other than the above primary/secondary parent)**

Contact (1) name:  Relationship to family:

Home Phone:  Mobile:

Work Phone:  Email:

Please ensure you provide a family member or close friend who can be contacted in the case of an emergency.



**INDIGENOUS STATUS**

Is the student of Aboriginal or Torres Strait Islander origin?  Yes  No

If "Yes", please tick:  Aboriginal  Torres Strait Island  Both, Aboriginal & Torres Strait Islander

Languages Spoken at home:  Aboriginal English  Creole  English  Kriol

Other

**STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT**

Carinity Education – Southside has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide the school with information that will help facilitate the smooth transition of the student into this school setting. This may include preparing appropriate strategies directed at meeting the particular needs of the student. Your responses to the questions below will help the school to support the student, and provide a safe working and educational environment for all students, staff and volunteers.

To your knowledge, is there anything in the student's history or circumstances (including medical history, which might pose a risk of any type to her, other students, or staff at this school?

Yes  No

Please provide names and contact details of health professionals or other relevant support agencies (including counsellors, guidance officers, etc.) that have knowledge of these issues:

Are there any additional court orders such as, parenting contact, youth justice, health or education that relate specifically to the student?

(Copies of any relevant court orders must be provided)  Yes  No

If Yes, please provide details:

Case Manager Name:  Phone:

Is the student in State Care?  Yes  No

If Yes, Date commenced in State Care:  /  /



**STUDENT HEALTH AND WELLBEING**

This medical record will be kept in the School Clinic and remains confidential.

First name:  Last name:

Date of Birth: / /  Place of Birth:

Mother or  Female Guardian Name:  Phone:

Father or  Male Guardian Name:  Phone:

**CONSENT**

I  consent to the release of health information by Medical professionals (including General Practitioners, Hospitals, Community Care Centres and Allied Health Professionals) to the Carinity Townsville School Health & Wellbeing Centre. This Centre houses the TAIHS Outreach Clinic and Carinity Health & Wellbeing Services for the purposes of case management and continuity of care.

I give consent for my child's health to be assessed and medical attention sought as necessary by staff from the Shalom Christian College Health & Wellbeing Centre or TAIHS Outreach Clinic.

Parent or Guardian Signature: X  Date: / /

**CONSENT**

I  consent to the release of health information by Medical professionals (including General Practitioners, Hospitals, Community Care Centres and Allied Health Professionals) to the Carinity Townsville School Health & Wellbeing Centre. This Centre houses the TAIHS Outreach Clinic and Carinity Health & Wellbeing Services for the purposes of case management and continuity of care.

I give consent for my child's health to be assessed and medical attention sought as necessary by staff from the Carinity Townsville School Health & Wellbeing Centre or TAIHS Outreach Clinic.

Parent or Guardian Signature: X  Date: / /

**PERMISSION TO ADMINISTER NON-PRESCRIPTION ANALGESICS**

I  give permission for appropriately trained staff at the Carinity Townsville School Health & Wellbeing Centre or TAIHS Outreach Clinic to administer non-prescription medications (e.g. Paracetamol, ibuprofen, antacids, antihistamines) to my child for the treatment of minor conditions such as headache, menstrual pain, allergies etc.

I give permission for appropriately trained staff at the Carinity Townsville School Health & Wellbeing Centre or TAIHS Outreach Clinic to administer prescribed medications as directed by a Medical Professional.

Parent or Guardian Signature: X  Date: / /



## STUDENT MEDICAL HISTORY & MEDICARE DETAILS

Please ensure a copy of the students immunisation record accompanies this application form.

Has your child experienced or shown signs of the following:

Please tick YES or NO	YES	NO	If YES, please give details below
Anaemia			
Circulatory problems			
Dehydration			
Dental Conditions			
Diabetes - Blood sugar level			
Disability			
Ear - Ear condition			
Epilepsy - Seizures			
Eye Condition			
Headaches - Migraines			
Illness			
Infection			
Musculoskeletal Condition			
Psychosocial - Mental Health Issues			
Renal - Kidney Disease			
Respiratory Condition			
Rheumatic Heart Disease			
Skin Condition			
Any Other Medical Conditions:			

## ALLERGIES/REACTIONS

Please list any allergies:

Student Name on Medicare Card

Medicare Number:

Ref No:

Exp Date:

 / 

Health Care Card Number:

Exp Date:

 /  / 

Name of Clinic where records are located:

Hospital Record Number:



**INFORMATION REQUIRED FOR NATIONAL REPORTING PURPOSES – Primary Carer**

Does the Primary Carer of this student speak a language other than English at home?

Other languages spoken at home:  Aboriginal English  Other

**What is the highest year of secondary school completed by the Primary Carer?**

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below  
(For persons who have never attended school mark Year 9 or below)

**What is the highest qualification the Primary Carer has completed?**

- Bachelor degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including trade certificate)
- No school qualification

What is the occupation of the Primary Carer?

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**INFORMATION REQUIRED FOR NATIONAL REPORTING PURPOSES – Secondary Carer**

Does the Secondary Carer of this student speak a language other than English at home?

Other languages spoken at home:  Aboriginal English  Other

**What is the highest year of secondary school completed by the Secondary Carer?**

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below  
(For persons who have never attended school mark Year 9 or below)

**What is the highest qualification the Secondary Carer has completed?**

- Bachelor degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including trade certificate)
- No school qualification

What is the occupation of the Secondary Carer?



**GENERAL INFORMATION**

Do you have any special interests/hobbies?

What sports do you enjoy?

Do you like reading?

What do you read?

What is your favourite television program?

Movies?

Music?

Why would you like to attend Carinity Education - Townsville?

Is there anything else you would like to tell us?



**MEDIA CONSENT FORM**

**MEDIA / PHOTOGRAPHIC / VIDEO / AUDIO COMMUNICATION / CREATIVE WORK RELEASE**

**INFORMATION**

I hereby consent to the collection and use of work I create and my personal images by photography, video recording or sound recording for educational, informational and promotional purposes.

I acknowledge these may be used, but are not limited to, Carinity publications, newsletters, website, newspaper articles, advertising material, web listings, etc. This Media Consent Form will be kept on file.

I further acknowledge that my image and/or work may be used by the various divisions of Carinity and media to promote Carinity in the future.

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**CONSENT FORM**

I

Name of person giving consent and parent/guardian if under 18 years of age

Consent to the use of photographs, video or sound recordings in any Carinity publication, production or presentation, including electronic/internet marketing material, advertising and other media exposure for the purpose of promoting Carinity and the individual services of Carinity in a positive manner.

I give this consent voluntarily.

Signature of person giving consent

Signature of parent/guardian < 18

Email:

Phone:

Address:

Date:  /  /



## LIST OF PARENTAL OCCUPATION GROUPS

### **GROUP 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** (Section head or above), regional director, health/education/police/fire services administrator

**Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)

**Defence Forces** Commissioned Officer

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

**Air/sea transport** (aircraft's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

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### **GROUP 2: Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)

**Financial services manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)

Retail sales/service manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

**Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)

**Defence Forces** senior Non-commissioned Officer

### **GROUP 3: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

**Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

#### **Skilled office, sales and service staff**

**Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)

**Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market research)

**Service** (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

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### **GROUP 4: Machine operators, hospitality staff, assistants, labourers and related workers**

#### **Drivers, mobile plant, production/processing machinery and other machinery operators**

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

#### **Office assistants, sales assistants and other assistants**

**Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)

**Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train Conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)

**Assistant/aide** (trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

#### **Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

**Other worker** (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, park attendant, crossing supervisor)