

## 2024 AFTER SCHOOL PROGRAM

### Parent/Guardian Confirmation

This form **MUST** be completed for all secondary students before they can attend sessions at Yarra Ranges Tech School. Students from any secondary school throughout Victoria may participate in this program.

Once you have printed, completed and signed this document, you can scan or photograph the form and email it to [yrts-admin@boxhill.edu.au](mailto:yrts-admin@boxhill.edu.au) alternatively, you can mail or drop the form to Yarra Ranges Tech School at Building L3, 1 Jarlo Drive, Lilydale, VIC, 3140.

### Program outline / Key Details

- Yarra Ranges Tech School (YRTS) is hosted by Box Hill Institute (BHI) through a contract with the Department of Education and Training (DET) and provides programs which access to leading edge technology to Victorian Secondary Students;
- The YRTS After School Program runs from **3:30pm to 5:30pm every Thursday during school terms.**
- Students attending must be aged **between 12 and 18 years to attend**
- The program is supervised by YRTS staff in conjunction with volunteers. All BHI staff and volunteers interacting with students have valid employer appropriate Working with Children checks, have current First Aid qualifications, have undergone Police Checks and are compliant with BHI's Child safe policy;
- All activities unless otherwise advised through additional notice and permission forms are undertaken within the YRTS space which is secured from general public access.
  - However, the individual signing this document acknowledges that students must enter a public area should they require the use of a bathroom. YRTS will advise the processes they have in place to mitigate potential risks but may not be able to provide direct supervision of students outside of the Tech School space.
  - The registered location for Yarra Ranges Tech School is Building L3, Lilydale Lakeside Campus, Box Hill Institute of Technology, 1 Jarlo Drive, Lilydale, VIC 3140
- While this form needs to be completed once per year we ask that students confirm they will be attending the program by midday each Wednesday. This will ensure that we have adequate resources and catering for students attending.
  - Students will be required to sign out in the presence of a designated parent or guardian before being allowed to depart YRTS. Students who are not signed out before 5:45pm will be charged a late fee of \$10 per 15 minutes that they remain at the Tech School.
    - Where permission has been given for the student to make their own way to YRTS to attend the After-School program, and/or to make their own way from YRTS at the end of the After School program, the individual signing this document acknowledges that no responsibility will be taken by YRTS staff outside of the sign-in and sign-out times.
- \$10 per student per session will be charged by Box Hill Institute on behalf of Yarra Ranges Tech School to cover the cost of providing equipment and staffing NOTE: students need to bring any snacks they need, this will NOT be provided by YRTS
  - Payment must be made in advance of the school term starting and the attached payment form must be signed and return to [yrts-admin@boxhill.edu.au](mailto:yrts-admin@boxhill.edu.au)
  - Please note that Box Hill no longer accept cash payments and all payments must be made via card
  - If you are experiencing financial hardship or would like to discuss different payment options please contact us at [yrts-admin@boxhill.edu.au](mailto:yrts-admin@boxhill.edu.au)
- All activities are governed by the relevant policies of BHI, Yarra Ranges Tech School and Department of Education and Training in line with the contractual arrangement between BHI and DET. These policies can be provided upon request

## STUDENT DETAILS

First name: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

School attended: \_\_\_\_\_ Year level: \_\_\_\_\_

Student contact email\*: \_\_\_\_\_

Student contact phone\*: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(if applicable)

\*These will be used to contact the student in regards to cancellations, upcoming events and activities and may be that of the parent/guardian

## EMERGENCY CONTACT DETAILS

Please provide at least 1 emergency contact

First name: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

First name: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Are there any custody or family issues that Yarra Ranges Tech School staff should be aware of? (for instance are there particular people whom staff should not allow to pick up the child or should an emergency contact be contacted in particular situations)

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I give permission for the student named in this application to: (tick box if relevant)

Travel of their own accord to and from YRTS to attend the After School Program or Holiday Programs:	<input type="checkbox"/>
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I acknowledge that in selecting either or both of these options YRTS and BHI have no responsibility or obligation in regards to the students outside of their formal sign-in and sign-out from YRTS. In consideration of BHI providing the After School Program or Holiday Programs for my child, I waive and release any liability of BHI for the actions of my child when travelling to or from YRTS

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Initial

Does the student have any medical conditions

Yes	No
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If Yes please list:

Does the student require any special medications

Yes	No
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If Yes please list the medications, and storage and dosage requirements

Does the student have a medical issue requiring a Medical Management Plan

Yes	No
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If yes you must provide an up-to-date plan including risk minimisation strategies, treatment details and whether any changes will need to be made to Yarra Ranges Tech School processes (All plans submitted must be consistent with the advice provided by the Victorian Department of Education and Training at the following site <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>

Failure to a Medical Management Plan or submission of a plan which does not address the detail outlined by DET will not allow the student to participate in the Yarra Ranges Tech School After-school program

I have included a copy of the Medical Management Plan to Yarra Ranges Tech School with this application (please tick to confirm)

## Media Consent

I give permission for Yarra Ranges Tech School to use the students' images and information for promotional purposes.

Yes	No
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I understand that these images may be used and reproduced in Yarra Ranges Tech School's (and/or in Yarra Ranges Tech School agents') print, electronic and web publications and for promotional and publicity purposes both in Australia and overseas. Copyright will rest with the management of Yarra Ranges Tech School and there will be no payment for the use of the image (photography or audio visual) or interview. Yarra Ranges Tech School will not use or allow another party to use the images and information for any further purpose without prior approval.

Please tick the boxes to confirm your agreement with the following statements:

I give permission for Yarra Ranges Tech School and/or Box Hill Institute staff and/or volunteers to provide first aid to the student named in this application	
I give permission for Yarra Ranges Tech School staff to contact Emergency Services if deemed necessary in the event of harm, illness or injury to my child	
I have read and understood the program outline and conditions of participation, particularly those relating to arrival and departure of students and provision of medical information	
I acknowledge that in the case of an evacuation YRTS and/or BHI will supervise the child named in this form during the evacuation up until a relevant parent or guardian can pick the child up.	
In the case of an evacuation, once children’s safety has been established the Emergency Contact listed in this form will be advised and asked to pick the child up from Yarra Ranges Tech School	

**DECLARATION**

I \_\_\_\_\_ (parent/guardian) of  
 \_\_\_\_\_ (student name) confirm that all information provided  
 on this form is true and correct. I acknowledge that Yarra Ranges Tech School is part of Box Hill Institute and the  
 student named in this form will be required to adhere any and all policies of YRTS. BHI or DET.

\_\_\_\_\_  
 Signature Date

Copies of relevant policies can be accessed by visiting:  
<http://yarrarangestechschool.vic.edu.au/> [www.boxhill.edu.au](http://www.boxhill.edu.au) [www.det.vic.gov.au](http://www.det.vic.gov.au)

Medical Management Plan information  
<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>

**Office use only**

Form is fully completed	
Student details entered & confirmation email sent	
Parent Email added to ASC Mailing List	
Where a Medical Management Plan has been noted it has been provided; is up-to-date and clear in its direction	
Media Consent given	

