



Application for Service - Confidential

1502016

Part A- School Application for enrolment

2019 Application Form

School Information

Name of School					
Address					
Suburb/Town		State	<input type="text"/>	Post Code	<input type="text"/>
Telephone Number	( <input type="text"/> <input type="text"/> )		Fax Number	( <input type="text"/> <input type="text"/> )	
Email Address					
Principal's Name			Preferred Title (e.g. Principal)		
Learning Support Coordinator's Name			Preferred Title (e.g. head of learning support)		
Requested date for commencement of service	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
			Student's year at this date		

Form of Consent

I request the assistance of the School Support Service (Vision Impairment) for

I understand that from time to time the nature of the service may vary, after consultation with me, subject to the needs of the student and RIDBC's capacity to continue delivering the service.

I agree to provide the prescribed contribution fee for the service.

I agree to provide a safe, comfortable area for tutorials should the need arise.

Signature of Principal or authorised representative

Date

The level of school support service required will be determined by the outcome of initial assessments and through discussion between the school and the coordinator of RIDBC School Support Service (VI)

**Level 1: School Support Service (Vision Impairment)**

\$15,000 p.a.

- Up to two visits per week from a Specialist Teacher of Vision Impairment (as determined by the individual needs of the student and the school)
  
- Access to an annual Vision Assessment by an Orthoptist and an Access Technology Consultant
  
- Provision of some curriculum materials in alternative formats e.g., braille, large/clear print, e-text

**Level 2: School Support Service (Vision Impairment)**

\$6, 000 p.a.

- One hour per week of support from a Specialist Teacher of Vision Impairment
- May be provided through a combination of in-person visits, videoconferencing, and other electronic methods of service provision.
- Access to an annual Vision Assessment by an Orthoptist, and an Access Technology Consultant

**Level 3: School Support Service (Vision Impairment)**

\$2, 000 p.a.

- Two consultative visits a year by a Specialist Teacher of Vision Impairment

Should your child be accepted for enrolment this document will become part of the official enrolment form.

## Part B - Parent Application for Enrolment

### Child Information

Child's Full Name  Male  Female  Date of Birth

Street Address

Suburb/Town  State  Post Code

Hearing Loss Yes  No  Details

Hearing Aids Yes  No  If yes, date they were fitted

Cochlear Implant Yes  No  If yes, date they were switched on

Vision Loss Yes  No  Details

Other Disabilities Yes  No  Details

Diagnosed/Verified By Name  Medical Specialisation  Date

How did you hear about us

Country of Birth  Australian Citizen Yes  No

Permanent Resident Yes  No  Other (please specify)

Non-English Speaking Background Yes  No  Aboriginal Yes  No  Torres Strait Islander Yes  No

Are there any court orders, parenting orders or parenting plans relating to this child? Yes  No   
If yes, a copy must be provided with this application

### Parent/Guardian 1

Name

Street Address

Suburb/Town

State  Post Code

Home Phone (  )

Mobile

Email

Place of Employment

Work Phone (  )

Language(s) Spoken at Home

Country of Birth

Residency/ Citizenship Status

### Parent/Guardian 2

Name

Street Address

Suburb/Town

State  Post Code

Home Phone (  )

Mobile

Email

Place of Employment

Work Phone (  )

Language(s) Spoken at Home

Country of Birth

Residency/ Citizenship Status

### Checklist of documents necessary for enrolment - please attach copies

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Birth Certificate          | <input type="checkbox"/> Statement from ENT (hearing loss) | <input type="checkbox"/> Proof of immunisation |
| <input type="checkbox"/> Passport/Visa Confirmation | <input type="checkbox"/> Ophthalmologist (vision loss)     | <input type="checkbox"/> Consent forms signed  |

### I/WE AGREE:

- To ensure regular attendance of my/our child in the program at the times and locations notified to us by RIDBC and to notify the administration assistant of the program if attendance is not possible on the designated day;
- To provide copies of any reports relating to my/our child's development and educational needs which are relevant to the child's enrolment or which become available whilst he/she is enrolled in the program;
- To provide in writing details about any medical condition, including asthma and allergic reactions including any medical management plans my/our child has, and to immediately notify staff should a new condition/allergy develop;
- To allow RIDBC to seek and carry out medical, ambulance, hospital and dental treatment for my/our child should it be required;
- To assist RIDBC to comply with the Privacy Act and to keep its database correct and up-to-date by advising in writing of any changes to personal and other details that might impact on my/our child's education as soon as changes occur;
- To provide copies of any court orders pertaining to my/our child prior to enrolment in the program and to provide copies of changes to those court orders or new court orders, parenting orders or parenting plans that might become effective during the period of my/our child's enrolment;
- To provide relevant consents to enable my/our child to be assessed as necessary for educational purposes by staff of RIDBC;
- To provide relevant consents to enable my/our child to fully participate in the program, subject to any reasonable limitations;
- To provide relevant consents to enable RIDBC to meet its external reporting obligations;
- To comply with policies, practices and rules of RIDBC of which RIDBC notifies me/us from time to time;
- To respect the privacy of other children and their families where I/we become privy to their personal information, through actions of RIDBC, such as information publicly displayed at centres. In particular I/we will refrain from disclosing their information to third parties without their consent;
- To comply with reasonable requests for information by RIDBC;
- To contribute the appropriate fees as determined or altered by RIDBC unless otherwise agreed by such dates as determined by RIDBC;
- That RIDBC may send me/us material regarding RIDBC and its activities (including the 'Abilities' newsletter) from time to time by ordinary post or by email unless I/we notify RIDBC to stop;
- RIDBC reserves the right to review/terminate a child's enrolment after consultation between RIDBC's designated staff member and myself/ourselves if the conditions specified on their enrolment form are not met, or it is considered to be in the best interests of RIDBC or my/our child that his/her enrolment should be terminated, and

That continued enrolment will depend upon:

- My child's disabilities remaining at the level specified in the current RIDBC enrolment criteria.
- The health of my child being of sufficient level to enable the organisation to fulfil its duty of care.
- My child's behaviour not causing disruption or a threat to other students or staff.

I/We understand I/We will be informed of any changes in the conditions.

Yes  No

# Information Exchange

Child's Name

Date of Birth

Please sign below to give permission for RIDBC to exchange information with specialists and other service providers (e.g. ENT, ophthalmologist, Australian Hearing) for purposes of your child's education.

<b>1. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

<b>2. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

<b>3. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

<b>4. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

<b>5. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

<b>6. Service Provider</b>	Address	Permission to request information	Signature of Parent/Guardian
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Contact Person	Phone Number	Permission to send information	Date
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

## Consents

RIDBC requests your consent in relation to a number of matters which are detailed below. Some of these are vital to RIDBC's capacity to provide the best possible service. If you have any queries regarding these matters, please discuss them with the Manager/Principal of your child's program.

These consents are given by me/us on my/our behalf and on behalf of my/our child:

### *Tertiary Students*

- I/we consent to RIDBC hosting tertiary students who are undertaking practical elements of their course of study provided that:
  - students only observe, assess and interact with my child under the direct supervision of RIDBC staff; and
  - any reports or assignments produced by students will not identify my child by name without my prior consent.

Yes  No

### *Photographs and Film*

- I consent to photographs and video/film of my/our child being used by RIDBC in RIDBC publications, promotional videos, displays, and the media, or otherwise displayed at RIDBC premises or residences.
- I/we acknowledge that RIDBC:
  - will only use or display images of my/our child in an appropriate and positive way;
  - will not disclose the name of my/our child (apart from their first name) when publishing photos and video/film without first seeking my/our further consent;
  - will endeavour, where it is reasonably possible) to seek my/our child's consent to being photographed or filmed;
  - my/our child will not receive any payment for use of their photo or video/film by RIDBC.

Yes  No

### *Privacy*

I/we consent to RIDBC's collection of the information specified in the enrolment forms, including all information which is "sensitive" information as defined in the Privacy Act, 1988, (Cth), such as health, cultural and religious information.

I/we consent to the ongoing collection and holding of information, including but not limited to video footage relating to my/our child's program.

I/we consent to the disclosure, by RIDBC, of personal information to the persons or classes of persons referred to in paragraph (d) of the Privacy Statement and to disclosure in other instances where RIDBC in good faith deems such disclosure to be necessary or desirable for the welfare of the child or for the performance of its services.

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1. I/we have read and agree to the terms and conditions of the Enrolment Agreement set out above.

Yes  No

2. I/we give the consents and acknowledgements set out above.

Yes  No

3. I/we have read and understood the Privacy Statement made by RIDBC in this document.

Yes  No

4. I/we support the application of  (name of school) for the RIDBC School Support Service (Vision Impairment) for my child.

Yes  No

5. As a condition of funding RIDBC receives from Ageing Disability and Home Care, Department of Human Services NSW, we are required to ask the following questions.

(a) Are you in receipt of Carer's Allowance?

Yes  No

(b) For children aged over 16 only.

Is your child in receipt of disability support pension?

Yes  No

6. I/we understand that because of the potential for a severe allergic reaction to nuts, all RIDBC School Support Service (Vision Impairment) activities are nut-free. I/we agree not to send any nuts, foodstuffs containing nuts or nut products, to any activity organized by RIDBC School Support Service (Vision Impairment).

Yes  No

7. I/we understand that progress and assessment reports will be sent to both me/us and my/our child's school.

Yes  No

8. I/we agree for my/our child to be monitored by the RIDBC honorary Ophthalmologist and to be seen by RIDBC's Orthoptists for the purpose of prescribing low vision aids.

Yes  No

9. I/we give permission to contact my/our child's current educational facility, and other related organization, to request information.

Yes  No

Signature of Parent/Guardian 1

Name

Date

Signature of Parent/Guardian 2

Name

Date



## Asthma

Does your child have asthma? Yes  No

If yes, please detail management plan:

## Allergies

Is your child allergic to any substance? Yes  No

If yes, please give details, including treatment:

Please return completed forms to:  
RIDBC Remote Services Private Bag 29  
Parramatta NSW 2124  
[teleschool@ridbc.org.au](mailto:teleschool@ridbc.org.au)

The Royal Institute for Blind and Deaf Children (RIDBC) is bound by legislation protecting the privacy of the children, families and other individuals with whom the Institute deals. This legislation includes the Commonwealth Privacy Act 1988 (the "Privacy Act"). In the course of applying for admission to RIDBC and during the period of enrolment, we will request you to provide us with personal and sensitive information about your child, your family and responsible others. Much of the information that we are required to record is in the category of "sensitive" information (as defined in the Privacy Act) dealing with such matters as a child's cultural background or "health information".

This statement is provided in accordance with National Privacy Principle 1.3, to be found in Schedule 3 of the Privacy Act.

Please note that:

1. All personal information is collected by The Royal Institute for Deaf and Blind Children. RIDBC's privacy policy can be found on our website, or by asking at any of our centres. RIDBC can be contacted by the following means:
  - Postal address: Private Bag 29, Parramatta NSW 2124, Attention: the Chief Privacy Officer;
  - Phone: 02 9871 1233 and ask for the Chief Privacy Officer;
  - Fax: 02 9871 2196 - Attention: the Chief Privacy Officer; or
  - Email: [online@ridbc.org.au](mailto:online@ridbc.org.au)
2. RIDBC collects information for the purpose to perform its duties as a responsible provider of child-care services and for the purpose of providing the best educational experience for your child. RIDBC also uses such information to keep you informed of services that it offers from time to time and sometimes to make contact to request assistance with fundraising.
3. All individuals have a right to gain access to the personal information held by RIDBC about them. In some circumstances, however, RIDBC may be entitled to refuse such access.
4. The young people entrusted to our care are "individuals" whose information is subject to the provision of the Privacy Act. However, in all but exceptional cases, it is our policy that the children in our care lack the maturity and understanding of privacy issues to act on their own in relation to such matters. Instead we will, where consent is required, seek such consent from the parent or guardian on behalf of the child. Where access rights are available to the child, access will be given on the request of the parent or guardian.
5. Personal information collected may be disclosed to:
  - a. the parents, guardian or other person responsible for the child;
  - b. other family members or family contacts in an emergency or where the child is ill or injured or is at risk of illness or injury, or simply where the child is delivered to or collected from the centre;
  - c. the child's medical practitioner;
  - d. other health or medical practitioners where the child is sick or injured or at risk of illness or injury;
  - e. police and other law enforcement officers in the course of their investigations and enquiries;
  - f. RIDBC's solicitors and other advisers from time to time;
  - g. authorised officers as defined in the regulations made under the Children (Care and Protection Act), 1988 (NSW) and other legislation binding on RIDBC, concerning child protection;
  - h. government agencies when required for assistance and funding arrangements;

- i. visitors to RIDBC centres, including other family members, trades people and service providers. Some personal information of the child and family members may be on display, such as photos, artwork and other materials that may divulge names, ages, developmental levels, addresses, ethnic and religious background or affiliation and health matters. In relation to the latter, in some cases it may be necessary to have on display health information so that we can have ready access to it for emergency purposes. Such information on display may identify not just the relevant child but parents and responsible others;
- j. external contractors. Like many other organisations, RIDBC from time to time uses the services of temporary staff. They are generally employees of a recruitment firm, not of RIDBC. To that extent they are external contractors who may have access to the personal information we have collected. They will in each case be advised of our privacy policy and of the requirement that they comply with it; and
- k. to third party, with your permission, entities for fundraising or publicity purposes.

This is not an exhaustive list. There may be many other circumstances where RIDBC will be required to disclose personal information held about the child to a person other than the parent or guardian.

6. RIDBC is required to collect certain information under the Children (Care and Protection) Act 1987, the Children and Young Persons (Care and Protection) Act 1998 and various Regulations made under that Act. RIDBC is also required to collect personal information under the terms of its licence to operate a Children's Service in NSW from the Department of Education and Communities.
7. RIDBC is required to account for the funding provided by government for all children enrolled. In most cases RIDBC provides coded details which ensure that no child or family is identifiable. RIDBC also provides coded information to the Australian Institute of Health and Welfare for statistical purposes only. Some sources of funding are dependant on providing the name of the child. We will always obtain your permission to provide this information. This may mean we need to seek your permission on a number of occasions to forward this information to the funding agency.
8. Failure to provide the personal information requested in the enrolment form may make it impossible for RIDBC to accept the application for enrolment. Failure to provide information requested by RIDBC from time to time may compromise RIDBC's ability to provide services to a child or its ability to perform other tasks for the child's welfare.
9. We will retain personal, sensitive or health information only for as long as it is necessary. We are subject to some external requirements in relation to the retention of student records.
10. We will take all reasonable steps to ensure that the information you provide is protected from misuse, loss, unauthorised access, modification or inappropriate disclosure.
11. We will use our best endeavours to ensure that information we hold is up to date and accurate and we seek your assistance in providing us with details of any changes to information.