



Application for Service - Confidential

01022017

Part A - School Application

School Information

Name of School

Address

Suburb/Town State Post Code

Telephone Number () Fax Number ()

Email Address

Principal's Name Preferred Title (e.g. Principal, Headmaster)

Special Education Coordinator's Name Preferred Title (e.g. Hearing support coordinator)

Requested date for commencement of service / / Student's year at this date

Form of Consent

I request the assistance of the RIDBC Teleschool School Support Service 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 the necessary equipment and a safe, comfortable area for sessions.

Signature of Principal

Date

/ /

Fees - 2017

Level 1: Specialist support of more than 1 hour a week

• K-12 \$7,745

Level 2: Specialist support of 1 hour a week

• K-12 \$4,420

Level 3: Specialist support of two hours per year

• K-12 \$885

Braille and large print supplement:

• K-12 \$1,875

NEXT PAGE

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	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	<input type="text"/>										
Suburb/Town	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Hearing Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>								
	Hearing Aids		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date they were fitted		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Cochlear Implant		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date they were fitted		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Vision Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>								
Other Disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>								
Diagnosed/ Verified by	Name <input type="text"/>			Medical Specialisation <input type="text"/>				Date <input type="text"/>			
How did you hear about us?	<input type="text"/>										
Country of Birth	<input type="text"/>	Australian Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Permanent Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other (please specify) <input type="text"/>								
Non-English Speaking Background	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aboriginal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Are there any court orders, parenting orders or parenting plans relating to this child? If yes, a copy must be provided with this application							Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Parent/Guardian 1

Name	<input type="text"/>
Street Address	<input type="text"/>
	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Post Code	<input type="text"/>
Home Phone	(<input type="text"/> <input type="text"/>) <input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Place of Employment	<input type="text"/>
Work Phone	(<input type="text"/> <input type="text"/>) <input type="text"/>
Language(s) Spoken at Home	<input type="text"/>
Country of Birth	<input type="text"/>
Residency/ Citizenship Status	<input type="text"/>

Parent/Guardian 2

Name	<input type="text"/>
Street Address	<input type="text"/>
	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Post Code	<input type="text"/>
Home Phone	(<input type="text"/> <input type="text"/>) <input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Place of Employment	<input type="text"/>
Work Phone	(<input type="text"/> <input type="text"/>) <input type="text"/>
Language(s) Spoken at Home	<input type="text"/>
Country of Birth	<input type="text"/>
Residency/ Citizenship Status	<input type="text"/>

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 form signed |

Enrolment Agreement

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, parenting orders or parenting plans 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 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.

1. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

2. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

3. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

4. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

5. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

6. Service Provider Address Permission to request information Yes No Signature of Person/Guardian

Contact Person Phone Number Permission to send information Yes No Date / /

PREVIOUS PAGE

NEXT PAGE

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, Film and Videoconference Recordings

- I consent to photographs, video/film and videoconference recordings of my/our child being used by RIDBC in RIDBC publications, promotional videos, displays, and the media, or otherwise displayed at RIDBC premises.
- 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, video/film and videoconference recordings 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, video/film or videoconference recordings by RIDBC.

Yes No

Feedback

How did you hear about RIDBC?

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.

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 Teleschool School Support Service 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 Teleschool School Support Service activities are nut-free. I/we agree not to send any nuts, foodstuffs containing nuts or nut products, to any activity organised by RIDBC Teleschool School Support Service.

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 organisation, to request information.

Yes No

Signature of Parent/Guardian 1

Name

Date

Signature of Parent/Guardian 2

Name

Date

Please return completed forms to:

RIDBC Teleschool School Support Service
Private Bag 29
Parramatta NSW 2124

Email: teleschool@ridbc.org.au

or send electronically

SAVE PDF

EMAIL PDF