



MENAI HIGH SCHOOL

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**Principal
B Ellevsen**

**Deputy Principal
R Allen**

**Deputy Principal
E Sayed-Rich**

**Deputy Principal
L Meagher**

Dear parent/guardian,

Your son/daughter has been selected to participate in a wonderful Links to Learning project funded by the NSW Department of Education and being delivered by 2Connect Youth & Community- the 'Create!' project.

This project has been developed in consultation with the school to provide additional learning opportunities for students, and develop student's life skills. Activities are linked to the school curriculum and will be held at school. As part of this program, students may also be participating in volunteering activities or visits to local educational and support services. You would be informed of further details about any volunteering or visits.

The project will begin in Term 3, starting on Wednesday 31st of July 2019, and will run every Wednesday for the rest of the term. It will then continue to run on Wednesdays in Term 4, from the 16th of October 2019 until 6th of November 2019. The program will run from 8:55am – 3:20pm.

Students are fully supervised at all times during the project by qualified youth work educators.

Information will be provided about each student to 2Connect Youth & Community so that they can make sure each student gets the right support. If you require further information regarding your son or daughter's participation in this project, please contact Janine Brown on 9543 7000.

Please sign below and return this whole letter to the school as soon as possible if you are happy for your son/daughter to participate.

I consent to _____ participating in the 'Create!' project as above.
(Name of student)

My son / daughter has the following special needs (please provide full details and include any relevant medical details) _____

I understand that my son/daughter will receive medical treatment in the case of an emergency.

Parent/Guardian Signature of consent _____

Name of parent/guardian _____

Date _____

'Create!' Project

This Project is Funded by the NSW Government & administered by the NSW Department of Education

PARENT / GUARDIAN CONSENT FORM

Your son/daughter has been selected by the school to participate in this exciting support service for students- the 'Create!' Project. Students will be participating in a variety of personal developmental activities and life skills training, which will assist students in their future employment, educational outcomes and overall wellbeing. Activities are linked to the school curriculum.

By signing this consent form, you will be giving permission for your son/daughter to participate in these planned activities, which will be held at the school. The project will begin in Term 3, starting on Wednesday the 31st of July 2019, and will run every Wednesday for the rest of this term. It will then continue to run on Wednesdays in Term 4, from the 16th of October 2019 until the 6th of November 2019. The program will run from 8:55am – 3:20pm.

Students are fully supervised at all times during the project by qualified youth work educators.

As part of this program, students may also be participating in volunteering activities or visits to local educational and support services. You would be informed of further details about any volunteering or visits.

In addition, to maximise the benefits of the program, staff will also be able to provide students with individual sessions as part of the project. If you have any questions about our organisation or the project, please contact us on ph. 95561769

PARENT/GUARDIAN IS REQUIRED TO SIGN CONSENT BELOW & RETURN THIS WHOLE PAPER:

I give permission for _____ to participate in the
(Name of student)

'Create!' Project facilitated & managed by 2Connect Youth & Community Inc.

The 'Create!' Project has been explained to me and I agree to provide any necessary and relevant information for my son/daughter to members of the school staff and Project staff. I understand that while participating in this project, my son/daughter will receive all reasonable care and attention for their safety, and that as such 2Connect will meet its' duty of care towards students. Students are also required to take responsibility for their safety and follow instructions from staff.

Parent/Guardian Name: _____ Relationship to student: _____

Contact number: _____ Email: _____

Emergency contact details: _____

Signed: _____ Date: _____

Would you like the 'Create!' staff to contact you with more information? YES / NO

Medical/Health Details

I give permission for my son/daughter to receive medical attention in the event of illness, injury or accident and authorise the obtaining on my behalf of such medical assistance as my son/daughter may require, and I agree to meet any attached expenses. I understand that the school's health care plan will be provided to the project staff to be able to work in line with this. I understand that project staff will work always liaise with my school about any medical needs/other incidents that arise, and that I will be contacted about such.

Does your child have any medical conditions we should be aware of? YES / NO

(If yes, please specify including any medication and/or specific procedures required):

Please specify any food allergies or food requirements (there will sometimes be food provided):