

ENROLMENT APPLICATION

Information for prospective students

Thank you for your interest in our College, a Special Assistance School for children experiencing social, emotional or behavioural challenges.

Our Port Macquarie Campus (Nautilus) caters for Years 7 through 10 whilst our Taree Campus (Yulinbal) caters for Years 9 and 10 only.

Students undertake the same core curriculum requirements as they would in any mainstream school setting. The difference is in our delivery and extracurricular activities.

Please answer all the questions. If you need an explanation of any of the questions or help in completing this application, please contact the college for assistance.

The information and supporting documents you provide will be used by the College to help process your application.

A final decision regarding an applicant's enrolment will only be made after all information required has been provided to the College and interviews with the applicant and parent/carer have been conducted.

The checklist on page 14 will help ensure you have included all required supporting documentation. If you are having difficulty providing / obtaining information, please discuss with the College as we may be able to help.

Please note that an application does not automatically entitle the applicant a place at our college.

Completed application forms should be returned in person at the relevant campus.

Please select the campus and year of enrolment being sought:

- Nautilus - Port Macquarie Campus
- Year 7 Year 8 Year 9 Year 10
- Yulinbal - Taree Campus
- Year 9 Year 10

Preferred Start Date: _____

Applicant Name: _____

As a Special Assistance School which aims to offer all eligible young people the chance to complete their school education, there are several practices that we implement which differ from the traditional school environment. While we operate in alignment with current educational policy, our school provides dynamic practices which are responsive to the needs of students and provides flexible, understanding and supportive care and education. Some of the practices we utilise which differ from traditional school environments include home to school transportation services, and provision of responsible online services. However, at its discretion, the school may adapt our current practices to ensure that students are best supported through their engagement with the school.

Nautilus Senior College is auspiced by Mid North Coast Community College Inc.

Nautilus College

Years 7 - 10

5 Albert Circuit
Port Macquarie NSW 2444

Phone: (02) 6516 2251
Email: admin@nsc.edu.au

Website:
nsc.edu.au



Yulinbal Campus

Years 9 & 10

461 Kolodong Road
Taree NSW 2430

Phone: (02) 6515 2099
Email:
yulinbal@mnhccc.edu.au

Website:
yulinbal.nautilus.edu.au



Yulinbal

Part A: Student Details

Family name:	
First given name:	
Middle names:	
Preferred name:	
Date of birth:	___ / ___ / _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Student's residential address	
Permission to Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Living Arrangements	<input type="checkbox"/> With Parent/s or Guardian/s <input type="checkbox"/> With other relative/s <input type="checkbox"/> Independent <input type="checkbox"/> Other:
Student's mobile phone number:	_____ or <input type="checkbox"/> NA
Country of Citizenship	
Country & Town of Birth:	
If born overseas, what was date of arrival in Australia?	___ / ___ / _____ or <input type="checkbox"/> NA
Aboriginality	Is the applicant of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
Languages other than English spoken at home:	Is English the applicant's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please specify languages spoken): _____
Is the applicant receiving any Centrelink allowances?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <input type="checkbox"/> Austudy <input type="checkbox"/> Abstudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Other

Part B: Schooling History

Last academic year of completion:	<input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10
Name of Current or most recent school enrolled at (include town)	
Dates of enrolment	
Reason for change	
Has the applicant been referred to the college?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide contact details and/or letter of referral
Has the applicant been previously enrolled in Distance Education or Home Schooling?	<input type="checkbox"/> Neither <input type="checkbox"/> Distance Education <input type="checkbox"/> Home Schooling

Part C: Applicant Health and Medical Information

Does the applicant have any current medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide basic details below NB: The school may request an action plan from a Medical Practitioner outlining advice regarding the required process for further action for certain medical conditions															
Has the applicant been diagnosed with a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide basic details below If yes, does the applicant have an NDIS package? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____															
Is the applicant taking any current medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details below <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication Name</th> <th style="width: 30%;">Dosage and when taken</th> <th style="width: 30%;">Reason</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>	Medication Name	Dosage and when taken	Reason												
Medication Name	Dosage and when taken	Reason														

Applicant Health and Medical Information (continued)

Is the applicant immunised?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Are immunisations up to date? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of last Tetanus Injection: ___ / ___ / _____
General Practitioner (GP) information	Doctor's Name : _____ Name & Address of Practice: _____ Phone Number: _____
Applicant Medicare Card Details	Card Number: _____ Position on Card: _____ Valid to Date: ___ ___ / _____ Colour of Card: _____
Does the applicant have private health and/or ambulance cover?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) Fund Name: _____ Member Number: _____ Ambulance Cover: <input type="checkbox"/> No <input type="checkbox"/> Yes (Provider: _____)
Do you give permission for the college to call an ambulance in the event of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission to administer over the counter medicine?	Salbutamol (Ventolin) <input type="checkbox"/> Yes <input type="checkbox"/> No Paracetamol (Panadol) <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen (Nurofen) <input type="checkbox"/> Yes <input type="checkbox"/> No (Not for asthmatics) Antihistamine (eg Claratyne) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please ensure the Learning Difficulties Analysis (attachment A) and the Medical History Analysis (Attachment B) are also completed	

Part D: Assessment / Support Details

<p>Is the applicant currently engaged with any of the following services?</p> <p>(Please tick those that are relevant and include provider details)</p>	<input type="checkbox"/> Psychiatrist : _____ <input type="checkbox"/> Psychologist: _____ <input type="checkbox"/> Behavioural Therapist: _____ <input type="checkbox"/> Headspace : _____ <input type="checkbox"/> YP Space: _____ <input type="checkbox"/> Youth on Track: _____ <input type="checkbox"/> DJC: _____ <input type="checkbox"/> YAFT: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None – Applicant is not currently engaged with any services
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If the applicant is engaged with any of the above services please attach supporting letters / reports

Part E: Applicant History relevant to risk assessment.

The College has a responsibility to assess and manage any risk of harm to its applicants, staff and current students. This section gives you the opportunity to provide us with information that will assist with a smooth transition into this specific special assistance school setting.

<p>Does the applicant have a history of aggressive and / or violent behaviour?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide basic details below
<p>Has the applicant ever been expelled or suspended from any previous school as a result of aggressive and / or violent behaviour?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide basic details below
<p>Does the applicant have a history of self-harm?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide basic details below
<p>Are you aware of any other information that may impact on this applicant's safety or safety of other students or staff?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details below including most recent known incident and any current Safety Plans.
<p>Does the applicant have (or previously had) any support plans?</p>	<input type="checkbox"/> Behaviour Support Plan <input type="checkbox"/> Mental Health Care Plan <input type="checkbox"/> Other Support Plan <input type="checkbox"/> Safety Plan
<p>Is the applicant subject to any court orders?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please specify below and include copy of orders)

Part F: Parent / Legal Guardian 1 Details

Relationship to Applicant	
Contact information (tick)	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to Pick Up <input type="checkbox"/> Has day to day care of applicant <input type="checkbox"/> Has Long term care of applicant
First Name	
Surname:	
Contact Phone Numbers	Contact No: _____ (Home / Work / Mobile) Alternate No: _____ (Home / Work / Mobile)
Residential Address (if different to applicant)	
Applicant lives at this address	<input type="checkbox"/> All the time <input type="checkbox"/> Part of the time _____ <input type="checkbox"/> Does not live at this address
Postal Address	<input type="checkbox"/> Same as residential (if no please record below)
Email address	
<i>Under the Federal Privacy Act 1988 and the New South Wales Privacy and Personal Information Protection Act 1998, we wish to inform you that the Australian Government collects student background data. This data is to be used by the Australian Curriculum Assessment and Reporting Authority (ACARA) in research addressing the impact of student background on school achievement.</i>	
Aboriginality	<input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Highest level of Schooling	<input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 equivalent
Level of highest qualification completed	<input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Bachelor Degree or above
Language spoken at home	Does the parent speak a language <u>other</u> than English at home? <input type="checkbox"/> No, English Only <input type="checkbox"/> Other _____
What is your Occupation Group?	Please select the from the following: • <i>If not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.</i> <input type="checkbox"/> Senior Management, Government Administration, Defence or Qualified Professional <input type="checkbox"/> Business Manager, Arts/Media/Sportsperson, Associate Professional <input type="checkbox"/> Tradespeople, clerk, skilled office , sales and service staff <input type="checkbox"/> Machine Operator, hospitality staff, assistants, labourers and related worker <input type="checkbox"/> Have not been in paid work for the last 12 months.

Part G: Parent / Legal Guardian 2 Details

Relationship to Applicant	
Contact information (tick)	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to Pick Up <input type="checkbox"/> Has day to day care of applicant <input type="checkbox"/> Has Long term care of applicant
First Name	
Surname:	
Contact Phone Numbers	Contact No: _____ (Home / Work / Mobile) Alternate No: _____ (Home / Work / Mobile)
Residential Address (if different to applicant)	
Applicant lives at this address	<input type="checkbox"/> All the time <input type="checkbox"/> Part of the time _____ <input type="checkbox"/> Does not live at this address
Postal Address	<input type="checkbox"/> Same as residential (if no please record below)
Email address	
<i>Under the Federal Privacy Act 1988 and the New South Wales Privacy and Personal Information Protection Act 1998, we wish to inform you that the Australian Government collects student background data. This data is to be used by the Australian Curriculum Assessment and Reporting Authority (ACARA) in research addressing the impact of student background on school achievement.</i>	
Aboriginality	<input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Highest level of Schooling	<input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 equivalent
Level of highest qualification completed	<input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Bachelor Degree or above
Language spoken at home	Does the parent speak a language <u>other</u> than English at home? <input type="checkbox"/> No, English Only <input type="checkbox"/> Other _____
What is your Occupation Group?	Please select the from the following: • <i>If not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.</i> <input type="checkbox"/> Senior Management, Government Administration, Defence or Qualified Professional <input type="checkbox"/> Business Manager, Arts/Media/Sportsperson, Associate Professional <input type="checkbox"/> Tradespeople, clerk, skilled office , sales and service staff <input type="checkbox"/> Machine Operator, hospitality staff, assistants, labourers and related worker <input type="checkbox"/> Have not been in paid work for the last 12 months.

Part H : Emergency Contacts

In the event of an emergency and we cannot contact a parent / guardian please provide **at least one alternative** emergency contact.

Name: _____ Contact Number 1: _____ Contact Number 2: _____	Relationship to applicant: _____ Authorised to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Contact Number 1: _____ Contact Number 2: _____	Relationship to applicant: _____ Authorised to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part I : Absence Notifications and School Correspondence

Absences:

If a student is absent on any particular day (without prior notification) who would you like to receive the absence notification: (select one or both options)

- Please issue absence notifications to Parent / Guardian 1 as per section D
 Please issue absence notifications to Parent / Guardian 2 as per section E

School correspondence

General information such as School newsletters - please provide to Parent / Carer 1 and/or Parent / Carer 2
Student specific such as school reports / letters - please provide to Parent / Carer 1 and/or Parent / Carer 2

Part J: Declaration and Signatures

The personal information collected on this form is for the purposes directly related to the applicants' education, including the processing of this application.

Certain Information is required by the college to meet its duty of care and other legal obligations under child protection, education and public health legislation.

Any information provided to the College will be used, disclosed and stored consistent with the NSW Privacy laws.

Declaration

- I certify that the information provided in this form is to the best of my knowledge and belief, accurate and complete.
- I have read and understand the information in this application about the collection of personal information, including the Privacy Act – Collection Notice to Parents / Carers (Attachment C).
- I have read and understand the information regarding “Power of Search” (Attachment D).
- I have read and understand the information regarding “CCTV” at the college campuses (Attachment D).

Signed – Parent / Guardian 1

Signed - Parent / Guardian 2

Dated

Information Release - Consent

From time to time, it is necessary for staff from the college (Nautilus / Yulinbal) to access records or information regarding a student so that we may be better placed to support their needs during their enrolment with us. As a general rule if we are to access external information, we discuss this need with the students / parents concerned and inform them of the explicit purposes of needing the information. However, we are also required to have permission given to us in writing.

Examples of reports which may be required include School; Counsellor; Behavioural Assessment; Health Assessment; Juvenile Justice; Case Worker; Centrelink; Department of Community Services.

I give permission for the College (Nautilus / Yulinbal) to request or access any records or information which may be required to support the ongoing placement of me/my child at the college.

I am aware that all records, reports or case notes will be filed in the student's individual file and will be maintained under the Privacy and Confidentiality Policy, which includes secure storage and access granted only to authorised staff.

- I give permission I **do not** give permission

Parent/Guardian Name

Parent/Guardian Signature

Dated

Attachment A: Learning Difficulties Analysis

<p>Has the applicant been diagnosed with a learning disability?</p> <p>(Please tick any relevant boxes)</p>	<p> <input type="checkbox"/> Dyslexia <input type="checkbox"/> Sensory Processing Disorder <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Dysgraphia Level _____ <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other Please specify _____ <hr/> </p>
<p>Are any of these emotional symptoms a problem?</p> <p>(Please tick any relevant boxes)</p>	<p> <input type="checkbox"/> Avoidance – Delaying – Procrastination <input type="checkbox"/> Lost confidence – Frustration – Discouraged <input type="checkbox"/> Shuts Down – Goes Blank - Stares Off <input type="checkbox"/> Low Effort – Seems Lazy – Takes too Long <input type="checkbox"/> Crying – Tantrums – Stubborn <input type="checkbox"/> Easily Distracted – Fidgety – Hyperactive <input type="checkbox"/> Afraid of Failing </p>
<p>Does the applicant experience any of these problems while reading?</p> <p>(Please tick any relevant boxes)</p>	<p> <input type="checkbox"/> Comprehension Problems <input type="checkbox"/> Skips Words – Loses Place – Letters jump <input type="checkbox"/> Reversals (Saw / Was) <input type="checkbox"/> Sight Word Problems <input type="checkbox"/> Decoding Problems <input type="checkbox"/> Fluency – Pronunciation <input type="checkbox"/> Loses Skills <input type="checkbox"/> Fatigues Quickly <input type="checkbox"/> Slow Reading </p>
<p>Does the applicant experience any of these problems while doing math?</p>	<p> <input type="checkbox"/> Sloppy Work – Lining up Numbers <input type="checkbox"/> Loses Skills <input type="checkbox"/> Trouble Understanding Math Concepts (+, - , 5, 10, etc) <input type="checkbox"/> Can't Count Change <input type="checkbox"/> Flips Numbers <input type="checkbox"/> Difficulty with months, days of the week, or clocks </p>
<p>Does the applicant experience any of the following writing problems?</p>	<p> <input type="checkbox"/> Spelling <input type="checkbox"/> Trouble getting ideas on paper <input type="checkbox"/> Sloppy or illegible writing <input type="checkbox"/> Reversals <input type="checkbox"/> Writing is slow </p>

Attachment B: Medical History Analysis

The purpose of this questionnaire is to ensure supervisors are aware of relevant medical history of students in their care.

<p>Does the applicant ever had or currently have:</p> <p>(Please check any relevant conditions)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Asthma<input type="checkbox"/> Frequent or severe attacks of hay fever<input type="checkbox"/> Frequent colds, sinusitis or bronchitis<input type="checkbox"/> Claustrophobia or agoraphobia<input type="checkbox"/> Epilepsy, seizures, convulsions<input type="checkbox"/> Migraine headaches<input type="checkbox"/> History of blackouts or fainting<input type="checkbox"/> Diabetes<input type="checkbox"/> Inability to perform moderate exercise (eg: walk 2km in 15mins)<input type="checkbox"/> History of ear disease, hearing loss or problems with balance<input type="checkbox"/> Allergies (please include information below)<input type="checkbox"/> Anaphylaxis (ASCIA Action Plan must be provided)<input type="checkbox"/> Current skin conditions<input type="checkbox"/> Anxiety<input type="checkbox"/> Depression <input type="checkbox"/> None of the above
<p>Please provide brief details for any ticks responses.</p>	
<p>Is there any other medical information that we should be aware of for the applicant?</p> <p>(Eg: Any known “triggers”)</p>	<ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes (please provide details below)
<p>Does the applicant have any special dietary requirements?</p>	<ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes (please provide details below)

Attachment C: Privacy Act – Collection Notice to Parents / Carers

1. The school collects personal information, including sensitive information about students and parents/carers before and during the course of a student's enrolment at one of our campuses. The primary purpose of collecting this information is to enable the school to provide schooling for your child/children and to enable them to take part in all the activities on offer at our campuses.
2. 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.
3. Laws governing or relating to the operation of the school require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes, including facilitating the transfer of a student to another school. This includes government departments, Mid North Coast Community College (MNCCC) Board, medical practitioners, and people providing services to the school (including specialist visiting teachers, [sports] coaches, volunteers and counsellors) and anyone authorised by parents/carers to disclose information to and anyone to whom the school is required to disclose the information by law.
6. Personal information collected from students is regularly disclosed to their parents/carers.
7. The school may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
8. The school's Privacy Policy sets out how parents/carers or students may seek access to personal information collected 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 students have provided information in confidence.
9. The school's Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.
10. As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in school newsletters and magazines and on our website. Photographs of student activities such as sporting events and school excursions may be taken for publication in school newsletters and magazines and on our website.
12. 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, that they can access that information if they wish and that the school does not usually disclose this information to third parties. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.

Please indicate below, by ticking the appropriate box, whether or not you are willing to give your permission for NSC to use and publish the names, photographs and academic work of the student within and outside NSC Community for NSC promotional purposes.

I / we give permission

I / we do not give permission.

(Parent / Guardian 1 Name)

(Parent / Guardian 1 Signature)

(Date DD/MM/YY)

(Parent / Guardian 2 Name)

(Parent / Guardian 2 Signature)

(Date DD/MM/YY)

Attachment D:

Closed Circuit Television (CCTV) Notification

We ask that all our prospective students and their parents / carers are aware of the use of CCTV at our college campuses and advise the following:

- Nautilus carries out ongoing CCTV surveillance to ensure the safety and welfare of students, families, employees, visitors, and property.
- In the course of carrying out CCTV surveillance, Nautilus collects, creates and stores records and information.
- All cameras are clearly visible at Nautilus and signs are posted both inside and outside the premises where surveillance is taking place.
- Nautilus will not carry out and does not condone surveillance of students in change rooms, toilet facilities, showers or other facilities.

Power of Search

In accordance with the MNCCC Policy (OSS014 Drug, Alcohol and Prohibited Weapons Policy) we advise the following:

- The Co-Principal's power of search of student's clothing and belongings is a condition of enrolment at the school.
- A student's bag and possessions (which includes any lockers provided) can be searched if a member of staff has reasonable grounds to believe the student is in possession of:
 - illegal drugs;
 - prohibited weapons;
 - Stolen property;
 - Illegal material such as pornographic magazines or other publications; and
 - Technological and/or portable devices which may contain material which is unlawful, offensive or otherwise inappropriate or which contains evidence of unlawful, offensive or otherwise inappropriate conduct.
- A search of student's clothing or belongings should only occur with the student's permission unless there is an immediate risk to the safety or wellbeing of another person.
- Where practicable, any search of a student's bag or possessions will be undertaken in a private setting away from other students and with an independent observer such as a member of staff present.

The full Policy is available on the Mid North Coast Community College website:

www.mnccc.edu.au / training / policies or a copy can be requested from the office.

Attachment E: Supporting Documentation - Checklist

Your application may be delayed if not all required documents are attached. Please use the checklist below to assist you with required documents. **Please only provide copies, not originals.**

1. Identity

- a. **Birth Certificate or Passport or other Proof of age**

2. Schooling

- a. **At least the last 2 school reports**

3. Medical / Health

- a. **Copy of Medicare Card**
- b. Copy of Immunisations Records
- c. Letters / Reports / Assessments / Action Plans from medical providers if you ticked yes for
 - i. Disability / Current Medical Diagnosis on page 3
 - ii. Anaphylaxis on page 11
 - iii. Current assessment / support services on page 5

4. Additional

- a. Family Law or other relevant Court Orders if applicable (see page 5)
- b. Letter of referral or reference (see page 3)

5. Enrolment Permissions and Miscellaneous Consents Pack

6. Students' natural parents background information form if available and not provided in Section F/G

Under the Federal Privacy Act 1988 and the New South Wales Privacy and Personal Information Protection Act 1998, we wish to inform you that the Australian Government collects student background data. This data is to be used by the Australian Curriculum Assessment and Reporting Authority (ACARA) in research addressing the impact of student background on school achievement.

*Parental background data is collected to assess the impact of each student's natural parents on their learning outcomes, therefore **ACARA's preference is to receive the background data of the parents** if it is known (including if the student does not live with the parents or if the parents are deceased). If information is not available for the natural parents', the background data of the custodial guardian(s) should be provided. In instances where this is also unavailable, please enter the 'unknown/not stated'.*