

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 12 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 offer assistance.

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: _____

Nautilus Campus

Years 7 - 10

5 Albert Circuit
Port Macquarie NSW 2444

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

Website:
www.nsc.edu.au



Yulinbal Campus

Years 9 & 10

78 Wynter Street
Taree NSW

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

Website:
www.yulinbal.nautilus.edu.au



Applicant 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
Applicant residential address	
Permission to Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant 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:
Applicant'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

Schooling History

Last academic year of completion:

☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ 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?

☐ No ☐ Yes – please provide contact details and/or letter of referral

Has the applicant been previously enrolled in Distance Education or Home Schooling?

☐ Neither ☐ Distance Education ☐ Home Schooling

Applicant Health and Medical Information

Does the applicant have any current medical conditions?

☐ No ☐ 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?

☐ No ☐ Yes - please provide basic details below

If yes, does the applicant have an NDIS package? ☐ No ☐ Yes

Number: _____

Is the applicant taking any current medication?

☐ No ☐ Yes - please provide details below

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?	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 Salbutamol (Ventolin)..... <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	

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

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.

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

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 E : 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 F : 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: ☐ Yes ☐ No

Name: _____

Contact Number 1: _____

Contact Number 2: _____

Relationship to applicant: _____

Authorised to Pick Up: ☐ Yes ☐ No

Part G : 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

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, understood and signed attachments A, B and C on pages 10 - 12.

Signed – Parent / Guardian 1

Signed - Parent / Guardian 2

Dated

Signed – Student

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 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>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other Please specify _____ </div> <div> <input type="checkbox"/> Sensory Processing Disorder <input type="checkbox"/> Autism Spectrum Disorder Level _____ </div> </div>
<p>Are any of these emotional symptoms a problem?</p> <p>(Please tick any relevant boxes)</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>Does the applicant experience any of these problems while reading?</p> <p>(Please tick any relevant boxes)</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>Does the applicant experience any of these problems while doing math?</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>Does the applicant experience any of the following writing problems?</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

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 (ASCLIA 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 a 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. From time to time the school 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.
13. 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 your child 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 1 Name)

(Parent / Guardian 1 Signature)

(Date DD/MM/YY)

Attachment D: 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 ☐

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 ☐