

**MOUNT ANNAN HIGH SCHOOL**  
 248 WELLING DRIVE MOUNT ANNAN 2567

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Dear Parent or Caregiver

Your child's invited to participate in the Opportunity Hub Workshops. The details below are as follows:



**Opportunity Hub Workshops – Year 7 & 8**

At Mount Annan High School we are excited to facilitate our Aboriginal students in year 7-8 working with Opportunity Hub to participate workshops throughout 2020.

Our Opportunity Hub Youth Advisor is Jade Carter-March along with other Opportunity Hub Employees she will run workshops for the Aboriginal students in years 7-8. By signing the note below, you give consent for your child to participate in the Opportunity Hub workshops and activities that occur periodically throughout the year at school.

<b>Program Sessions:</b>
Throughout 2020 specific dates to be determined.
Cost of participation in program
\$ 0

Staff member with emergency care training	Miss R. Eagles
Staff member with Cardio Pulmonary Resuscitation training	Miss R. Eagles

Mr K. bates  
 Principal  
 9<sup>th</sup> March 2020

Miss R. Eagles  
 Excursion Coordinator



## CAMPBELLTOWN

### OPPORTUNITY HUB CAMPBELLTOWN SHARING OF CONFIDENTIAL INFORMATION

Dear Parent/Carer,

The OCHRE Opportunity Hub is a program aimed at providing Aboriginal young people in Years 5-12 at school with the confidence, knowledge and assistance to follow a supported pathway through school to further education and employment. Our focus for Aboriginal students is to inspire and help them to build career aspirations and strengthen understanding of career pathways and deliver personal career and transition planning.

Students will have access to and assistance with:

- Educational supports i.e. Homework Drop-In Centre and Subject selection
- Mentoring, Life Skills and Career Planning
- Cultural Activities i.e. Dance, Music, Art and Sport
- Exposure to career's and the workforce
- Engagement and ongoing support with further education and or employment when completing/leaving school

This process will involve your child's school sharing information with MTC Australia-Opportunity Hub staff to ensure duplication is avoided and students are offered a safe, secure and culturally appropriate service. This will typically be information such as (but not limited to) attendance data, personalised learning plans, student reports, welfare/behaviour records and relevant personal information. MTC Australia may also share information with external parties such as educational and training providers, relevant support services and employers to support the referral of your child as required.

All information will be stored securely in a locked area or cabinet at the MTC Australia Campbelltown Office or electronically on password protected servers, with access to this information restricted to, Opportunity Hub staff, MTC Australia management and the Department of Education and Communities for reporting purposes.

If you have any questions or require further information please refer to the attached *UCHRE* Opportunity Hub fact sheet or alternatively contact Rachael March on (02) 8844 8004 or [rmarch@mtcaustralia.com.au](mailto:rmarch@mtcaustralia.com.au). Alternatively please drop into the Hub at Level 1, 101 Queen St Campbelltown anytime Monday-Friday from 8.30-4.30pm.

We look forward to working with you and your child.

Kind Regards,



## Participant Consent to Publicity Form

### Who is MTC Australia?

MTC Australia is a thriving social enterprise that provides pathways for people of all backgrounds and life stages to create new life opportunities. We offer high impact employment, learning and youth programs delivered from 20 locations across Sydney.

### Why have I been given this form?

From time to time we may photograph/film our services and/or interview our clients. You have been given this form because you are/will be participating in events or programs which we would like to record for promotional activities. Photographic, video, audio interview and/or other recordings will be taken for the purpose of showcasing the work of MTC Australia.

### What will this be used for?

Marketing promotions that feature your name, likeness, image, voice or quotes may include, but aren't limited to:

- Printed, electronic or video media
- Website, blog, social media channels
- Advertising campaigns promoting MTC programs/MTC Australia as an organisation

These recordings may be shared with local and/or national media, other organisations and companies to promote MTC Australia Limited.

I .....agree to be:  
(Name of person in photograph, interview or documentary/film)

(please tick, as appropriate):

- photographed/filmed
- interviewed by MTC Australia
- interviewed by the media and supervised by MTC Australia

for the purpose of promoting MTC Australia, in connection with my participation in any program, administered by MTC Australia. I grant MTC Australia full rights to use these recordings/interviews as they see fit and acknowledge that no fee will be paid. I confirm that I have the right to enter into this agreement and give all clearances, copyright and otherwise, for use of my name, likeness, image, voice and appearance.

I understand that I retain the right to withdraw this consent by notice in writing to MTC Australia at any time prior to publication of the marketing promotion, but once they have been published my consent cannot be withdrawn.

<b>Consent for persons over the age of 18</b>	
I,..... (name), hereby:	
<input type="checkbox"/> give my consent and to use my name	<input type="checkbox"/> give my consent but do not use my name
in relation to collection and disclosure of photographic, video, audio interview and/or other recordings relating to me in accordance with this Publicity Consent Form.	
Signature: .....	Date: .....
Phone: .....	Email: .....



## Participant Consent to Publicity Form

Persons under 18 years of age must also have their parent/ guardian sign below:

**Parent/ Guardian Consent**

I,.....(parent/ guardian name),

being the parent/ guardian of

.....(name), hereby:

give my consent for my child to be photographed/filmed and interviewed and to **use their name**

**OR**

give my consent for my child to be photographed/filmed and interviewed but **do not use their name**

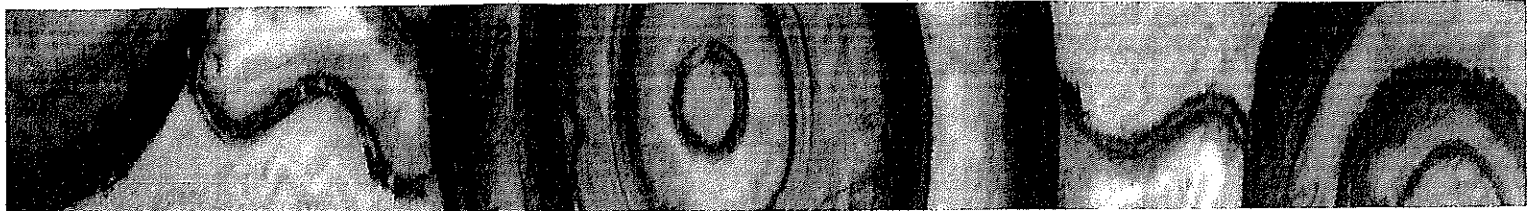
**Parent/ Guardian Signature:** ..... **Date:** .....

**Phone:** ..... **Email:** .....

**PRIVACY STATEMENT**

MTC Australia Limited Privacy policy has been written in line with the Privacy Act 1988 and Australian Privacy Principles (APPs). The policy outlines our privacy practices including how we collect and manage your personal information and how you may access and correct records containing your personal information. To view our privacy policy, please refer to MTC Australia's website at [www.mtcaustralia.com.au](http://www.mtcaustralia.com.au).

For any questions you can contact us via Email ([Info@mtcaustralia.com.au](mailto:Info@mtcaustralia.com.au)) OR the 'Contact Us' option on the website [www.mtcaustralia.com.au](http://www.mtcaustralia.com.au), OR telephoning the Marketing team on 1300 232 663.



**CAMPBELLTOWN**

Rachael March  
Opportunity Hub Program Manager

**OPPORTUNITY HUB CAMPBELLTOWN (MTC Australia) AUTHORITY TO SHARE  
PERSONAL/CONFIDENTIAL INFORMATION**

(Please complete the permission note below and return it to your child's school)

I give permission for \_\_\_\_\_ (child's name) of class \_\_\_\_\_ to be an active participant in the Campbelltown OCHRE Opportunity Hub's activities, to provide Aboriginal young people with the confidence and knowledge to find a supported pathway through secondary school to further education and employment.

I give permission for my child's personal information to be disclosed to the Service Provider for the purpose of my child's participation in the Campbelltown OCHRE Opportunity Hub, with the understanding that this information will not be disclosed to any other parties without your express consent.

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## Excursion Consent Form Section A

Please complete relevant details on this form and return to the school by.....

### Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

### Please tick the appropriate boxes below:

- I give permission for my child to participate
- I give permission for my child to receive medical treatment in case of emergency.
- I do not give permission for my child to receive medical treatment in case of emergency.

### Excursion Details

Child's name	Insert date/s of excursion <b>TBA</b>	Insert place of excursion <b>MAHS</b>
Excursion Coordinator: <b>R. Eagles</b>		Year:
<input type="checkbox"/> My child has special medical requirements for this excursion and I have completed the <i>Medical information</i> <i>Condition:..... Medication:.....</i>	<input type="checkbox"/> My child does not have any special medical requirements for this excursion	
<input type="checkbox"/> My child has permission to be photographed for school promotion and archival reasons Parent Signature:.....	<input type="checkbox"/> My child <b>does not</b> permission to be photographed for school promotion and archival reasons. Parent Signature:.....	

### Excursion Code of Conduct

Signing this code of conduct shows that you accept and honour the principles of attending an excursion. I recognize:

- The educational importance of the excursion
- I have responsibilities to my teacher, school and Venue organizers

#### During my excursion I will:

- |  |  |
|--|--|
| <input type="checkbox"/> Maintain a positive and enthusiastic attitude | <input type="checkbox"/> Be courteous and respectful   |
| <input type="checkbox"/> Observe rules, regulations and instructions   | <input type="checkbox"/> Behave in a way that reflects pride in ourselves and our school       |
| <input type="checkbox"/> Use mobile phone as per School Policy         | <input type="checkbox"/> Behave properly and safely whilst traveling to and from the excursion |
| <input type="checkbox"/> Encourage others to do the right thing        | <input type="checkbox"/> Keep as a group and stay in sight of the teacher                      |

#### I am prepared to:

- Complete all necessary work during the excursion as well as pre-excursion and post-excursion activities

Student's signature: ..... Date: ...../...../.....

Please note there will be no refunds if students are unable to attend the excursion.

Signature of parent or caregiver.....

**Medical information form**

Please complete and return to school by.....

Date for return of form

**Privacy Advice**

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requires and other health care related needs about your child who may participate in excursions, sporting activities or other education or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training to assist planning to support students, and minimize risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organizations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative education experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information will be store securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information at any time by contact the school office.

Student name..... Class.....  
Medicare Number – optional.....

**Parent or caregiver contact details**

Name: .....  
Address: .....  
Home phone:.....Work phone:.....Mobile phone:.....

**Doctor contact details**

Name: .....  
Address: .....  
Doctor's telephone:.....

**Emergency alternative contact/s details**

1. Name:..... Phone:.....

**Medical Condition:**

Medical Condition:.....  
Medication:.....