WOW Digital Technology

Application Form - Wed 12, 26 June, 24 July, 7 August 2024

Please print clearly or add details to form using Adobe Acrobat. Form can be signed digitally or manually and scanned and returned.

Personal Details Student Given First Name Student Preferred Name Student Surname Preferred Pronouns Address Suburb/Town Student Mobile Phone Student Email School Name Year Level Date of Birth Are you an Aboriginal or Torres Straight Islander?: Does your family speak a language other than English at home?: Do you have a disability or medical condition that we need to be aware of in order to maximise your health and wellbeing during the program? If Yes, please give details:

Dietary requirements:

If I am successful in gaining a place in the program, I will participate to the best of my ability in all activities provided.

Signature of Student:









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School Endorsement

Please seek approval of your careers teacher and provide their name, email address and signature as a point of contact for your application.

Careers Teacher Full Name

Careers Teacher Email Address

Signature of Careers Teacher

Why would you like to participate in this program?

Please add detail about your career aspirations and knowledge of types of jobs available in the sector. (1250 characters maximum)

Privacy Statement – Skilling the Bay is a joint partnership between the Victorian Government, The Gordon and Deakin University. Skilling the Bay provides students in Years 9, 10 and 11 with an opportunity to participate in the World of Work programs. The program aims to increase knowledge of career opportunities for young people in the Geelong region. For administration purposes we need to collect your name, address, phone number(s), gender, date of birth, emergency contact details and school so that we know who you are and how to contact you. Information supplied in this Application Form will be entered into a computer database managed by Skilling the Bay. The information will not be provided in identifiable form to any other person or organisation without the consent of the individual student or guardian unless required by law or other regulation to do so. It is important that this information is accurate and up to date. If you think that any information requires correction or updating following submission, please contact: skillingthebay@gordontafe.edu.au









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Parent/Guardian

I give permission for my child to attend the WOW Digital Technology Program on Wednesday's 12, 26 June, 24 July and 7 August.

I understand that my child will adhere to the dress code, and behave in alignment with their school's code of conduct. I commit to organise transportation to and from The Gordon for my student at the beginning and the conclusion of the program. I agree to meet any medical expenses and/or transport costs incurred in the event of sickness or injury. In the event of an emergency, I agree to the designated supervising teacher seeking medical attention for my child. I agree to meet any transport costs should my child be sent home as a result of misbehaviour or inappropriate conduct. I authorise The Gordon to contact my child via email and/or phone regarding ongoing program information, or in the event of a cancellation.

Name of Parent / Guardian:
Mobile Phone Number:
Email:
Signature of Parent / Guardian:
I give Skilling the Bay permission to photograph and/or interview my child for use in a range of print electronic and other media for communication and promotional purposes
Alternate emergency contact
Name:
Mobile Phone Number:

Students will be supervised by Gordon staff and a school teacher Schools/Students - Please return completed application form by Mon, 3 June to:

skilling the bay@gordon tafe.edu. au

Further Information: Sally Hutchinson- Project Lead Skilling the Bay P: 5225 0630 E: shutchinson@gordontafe.edu.au







