

# Parent Guardian Authority

## Senior Secondary College

This form ensures The Gordon obtains parent or guardian endorsement of enrolments for students under 18 years old. It provides important information required to manage the care of underage students. This form is pursuant to *Admission of Underage Students Policy STS PO 12*.

| STUDENT CONTACT DETAILS     |  |                       |  |
|-----------------------------|--|-----------------------|--|
| Student Gordon ID           |  | Student Date of Birth |  |
| Student Legal Surname       |  |                       |  |
| Student Legal First Name(s) |  |                       |  |

| PARENT/GUARDIAN CONTACT DETAILS OR MATURE MINOR DECLARATION   |   |
|---|---|
| Which option best describes the student's care or living arrangements?                                    | <input type="checkbox"/> Parent (at home with one parent)<br><input type="checkbox"/> Parent (at home with more than one parent)<br><input type="checkbox"/> Guardian (residential, at home with one or more guardians)<br><input type="checkbox"/> Guardian (non-residential, not living at home with one or more guardians)<br><input type="checkbox"/> Mature minor (lives without parents or guardians) |
| <i>Mature Minors will be contacted by a Gordon Student Counsellor as part of the application process.</i> |   |

| BILLING DETAILS  |
|--|
| <ul style="list-style-type: none"> <li><b>All fees and charges for Senior Secondary College students under 18 years of age will be invoiced to the Primary Adult Contact (below), as signatory to this form.</b></li> <li>Invoices are due within 30 days of the invoice date.</li> <li>If someone else will be paying the student's fees and charges, such as a Secondary Adult Contact or another third party, an <a href="#">Application to Invoice</a> form must be submitted and approved before an invoice can be issued.</li> <li>This arrangement applies only to the following courses, where the student is under 18 years of age at the time of course commencement: Victorian Certificate of Education (VCE), Victorian Certificate of Education Vocational Major (VCE VM), Victorian Pathways Certificate (VPC), Vocational Education and Training Delivered to School Students (VDSS) undertaken as part of the VCE, VCE VM, or VPC (including approved External Providers).</li> <li>This agreement will remain in place for all relevant courses commenced by the student while under 18, unless a new agreement is provided.</li> </ul> |

| PRIMARY ADULT CONTACT                              |  |            |  |
|--|--|------------|--|
| Surname  |  |            |  |
| First Name   |  |            |  |
| Relationship to student (e.g. mother, uncle, etc.) |  |            |  |
| Residential Guardian (living with student)         | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |
| Address (if different to student)                  |  |            |  |
| Mobile Phone                                       |  | Home Phone |  |
| Email  |  |            |  |

| SECONDARY ADULT CONTACT                            |  |  |  |
|--|--|--|--|
| Surname  |  |  |  |
| First Name   |  |  |  |
| Relationship to student (e.g. mother, uncle, etc.) |  |  |  |
| Residential Guardian (living with student)         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address (if different to student)                  |  |  |  |
| Mobile Phone                                       |  | Home Phone   |  |
| Email  |  |  |  |

| STUDENT ALERTS OR ORDERS  |  |
|---|--|
| Provide details of any Access Alert for this student.<br><br><i>Submit a copy of any evidence with your form</i>                  | <input type="checkbox"/> Child Protection Order<br><input type="checkbox"/> Intervention Order<br><input type="checkbox"/> Other Court Order |
| Provide details of any Activity Alert or restriction for this student.<br><br><i>Submit a copy of any evidence with your form</i> |  |

| MEDICAL INFORMATION   |  |  |  |
|---|--|--|--|
| Select any known or suspected special needs for this student.<br><br><i>It is essential that the Gordon be advised promptly of any changes to the needs of the student. The Gordon will regularly assess its ability to provide adequate services for these needs. Assistance is available for students with disabilities.</i><br><br><i>Further information can be obtained from disability support services on (03) 5225 0835.</i><br><br><i>Note: For VET delivered to Secondary Students, disability support is through the student's home school</i> | None   | <input type="checkbox"/>                                 |  |
|   | Allergies  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Behavioural  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Colour blind   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Educational – ADD  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Educational – ADHD                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Educational – Asperger's                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Educational – Autism                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Medical  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Physical   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Other   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Provide details of any special needs indicated above, including any assessment/intervention support you may currently receive.<br><br><i>Submit a copy of any evidence with your form</i>   |  |  |  |
| Provide details of any allergies or medical alerts: e.g. allergies to nuts, penicillin, bee stings, asthma management etc.<br><br><i>Submit a copy of any evidence with your form</i>   |  |  |  |
| Does the allergy cause an anaphylactic reaction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is an EpiPen required?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |
|--|--|
| Provide details of any heart condition, chronic illness, haemophilia, fits or seizures.<br><i>Submit a copy of any evidence with your form</i>   |  |
| Provide details of any medical or other issue that may impact the student's ability to participate in part-time employment or practical placements.<br><i>Submit a copy of any evidence with your form</i> |  |
| Doctor Name and Phone Number   |  |
| Medicare Number  |  |
| Ambulance Victoria Membership Number   |  |
| Date of last Tetanus injection/booster   |  |

**PHOTOGRAPHIC OR FILM IMAGES**

|   |                          |   |
|---|--------------------------|---|
| If you do not consent to The Gordon using photographic or film images taken of the student for marketing and promotional purposes, please indicate. | <input type="checkbox"/> | I do not give The Gordon permission to use any photographic or film images taken of the student for marketing and promotional purposes. I agree that it is the responsibility of the student to notify the staff member in charge that they do not want to be photographed or filmed. |
|---|--------------------------|---|

**WELLBEING SUPPORT**

|  |                          |  |
|--|--------------------------|--|
| If you do not consent to the student accessing counselling services while enrolled at The Gordon, please indicate. | <input type="checkbox"/> | I understand that student services, including counselling, are available to all enrolled students as part of wellbeing support. I acknowledge that I am opting out of this option, and my child will not be able to access counselling at The Gordon unless I later provide consent. |
|--|--------------------------|--|

**STUDENT ENROLMENT PRIVACY NOTICE, ACKNOWLEDGEMENT AND DECLARATION****Victorian Government's VET Student Enrolment Privacy Notice**

The Victorian Government, through the Department of Education and Training (The Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Collection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

**Collection of your data**

The Gordon is required to provide the Victorian Government with student and training activity data. This includes personal information collected in the Gordon's enrolment form and unique student identifiers such as the Victorian Student Number (VSN) and the Commonwealth Unique Student Identifier (USI). The Gordon provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

**Use of your data**

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's USI may be used for specific VET purposes including the verification of student data provided by the Gordon: the administration and audit of VET providers and programs: education-related policy and research purposes: and to assist in determining eligibility for training subsidies.

**Disclosure of your data**

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In

particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

### Legal and Regulatory

The Department's Collection and handling of enrolment data and VSN's is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USI's in accordance with the Student Identifiers Regulation 2014 (Cth).

### Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note that you may opt out of the NCVER survey at the time of being contacted.

### Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET Subsidy.

### Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

### Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [the Department of Education's Privacy Policy](#). For more information in relation to how student information may be used or disclosed please contact The Gordon's Privacy Officer on 5225 0529 or email [foi@gordontafe.edu.au](mailto:foi@gordontafe.edu.au).

## ACKNOWLEDGEMENT AND DECLARATION

- I/we declare that the information provided to The Gordon is to the best of my/our knowledge true, correct and complete and understand that we must keep this information up to date throughout the period of enrolment.
- I/we agree that my child may leave campus outside of scheduled class times.
- I/we agree that we have read the [Fees and Charges Guide](#) and that we accept the terms stated therein, particularly taking note of *Enrolment fees and charges, Concessions and Refunds*. If applicable, I/we have supplied a copy of our concession card to [concessions@gordontafe.edu.au](mailto:concessions@gordontafe.edu.au) before enrolment.
- I/we agree to pay all fees and charges applicable to and arising from my child's enrolment. I/we understand interest and penalty charges on any outstanding fees payable to The Gordon and if I default in payment of any invoice when due, will indemnify The Gordon from and against all costs and disbursement incurred by The Gordon in pursuing the debt including legal costs on an indemnity basis and The Gordon's reasonable collection agency costs.**
- I/we are aware that classes and courses may not be conducted if sufficient numbers of students have not enrolled.
- I/we agree that in case of an accident or illness where my child requires medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
- I/we understand that The Gordon may be required to disclose my child's enrolment details to the Department of Education and Training (Victoria) consistent with statutory requirements.
- I/we agree to participate in monitoring meetings to ensure that any concerns that I/we or The Gordon staff have, may be openly discussed and actioned.
- Students under the age of 17 only.** If applicable to me/us, I/we acknowledge that I understand my responsibilities under the Education and Training Reform Act 2006 for ensuring that my child completes Year 10 or equivalent and remains engaged in full time education, training and/or employer until 17 years of age and that my child if under 17 will only be accepted on receipt of an authorised Transition Form or written confirmation from the school
- Students under the age of 17 only.** If applicable to me/us, I/we agree that should my child withdraw from the Gordon prior to their 17th birthday, I accept that it is my responsibility to contact the DEECD South West Region Youth Transitions section on 03 5225 1000.
- I/we acknowledge that I/we have read the [Victorian Government Enrolment Privacy Notice](#)

**Primary Carer Name**

**Signature and Date**

**Office use only**

**MATURE MINOR - ACCEPTANCE OF UNDERAGE ENROLMENT BY THE GORDON**

If a student has been determined by a Gordon Student Counsellor to be a mature minor consistent with the Gordon's Policy RISK PR 18 Admission of Underage Students, the primary carer and secondary carer signatures are not required.

Reason for determining applicant is a mature minor.

On behalf of the teaching area, I agree that the proposed admission is appropriate for this applicant and that their education and learner support needs can be met by The Gordon and Program Area.

**Gordon Representative Name and Position**

**Signature**

**Date**

**Office use only**

**ACCOUNTS RECEIVABLE**

Organisation Code

Sponsor Code

Finance Signatory

Date