Skilling THE BAY

Gaming with Python - Application Form

Personal Details

Student Surname

Given Name(s)

Address

Suburb/Town   Postcode

Student email

Student Mobile Phone

School Name

Date of Birth

Day	Month	Year

Gender

M or F

Year Level

Do you have a disability or medical condition that we need to be aware of in order to support your health and wellbeing during the program? If yes, please provide details:

_____

_____

_____

Parent / Guardian

I support my daughter / son's application to participate in the **Gaming with Python** program. I am aware that the event will be away from their Home School and fully supervised.

Name of Parent / Guardian:..

Mobile Phone Number: ....

Email: ....

Signature of Parent / Guardian: ....

I give The Gordon permission to photograph and / or interview my son / daughter for use in a range of print, electronic and other media for communication and promotional purposes.   ☐ Yes   ☐ No

Student

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

Name of Student: ....

Signature of Student: ....

School Endorsement – Careers or Support Teacher

I support the application of .... to be part of the **Gaming with Python** program.

Name of Careers or Support Teacher: ....

Email: ....

Signature of Careers or Support Teacher: ....

When?
Preferred group *(please tick)*

☐ **Term 2:** 6, 13, 20, 27 May   ☐ **Term 3:** 29 July, 5, 12, 19 August   ☐ **Term 4:** 14, 21, 28 October

The school is prepared to share supervision on rotation with teachers from other schools to support this program for part or full days. (Organised by Skilling the Bay).

☐ Yes   ☐ No

Please scan and email this application form to:

Lindy Mills: **lmills1@gordontafe.edu.au**
OR
Mail to: Lindy Mills
                  Skilling the Bay
                  The Gordon
                  Private Bag 1, Geelong Mail Centre Vic. 3221

Further information: **Lindy Mills P 5225 0475**