



### Parent / Guardian

I support my daughter / son's application to participate in the **Robotics, Coding and the Internet of Things** 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 **Robotics, Coding and the Internet of Things** 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 **Robotics, Coding and the Internet of Things** program.

Name of Careers or Support Teacher: .....

Email: .....

Signature of Careers or Support Teacher: .....

### When?

#### Preferred group (please tick)

☐ **Term 2:** 4, 11, 18, 25 June ☐ **Term 3:** 27 August, 3, 10, 17 September ☐ **Term 4:** 12, 19, 26 November

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](mailto: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