



**St Joseph's Catholic Flexible School**  
**A CATHOLIC SCHOOL IN THE EDMUND RICE TRADITION**  
**ALICE SPRINGS AND DARWIN**

# YOUNG PERSON ENROLMENT FORM

Enrolling In:  Alice Springs Campus  Darwin Campus

## Referral Details

Referred by: \_\_\_\_\_ (e.g. Agency, Service, Family, Self) Referrer's Name: \_\_\_\_\_

Referrer's Contact no: \_\_\_\_\_ Referrer's email: \_\_\_\_\_

## Young Person's Personal Details

Given name/s: \_\_\_\_\_ Middle name/s: \_\_\_\_\_

Surname on Birth Certificate: \_\_\_\_\_ Birth Certificate Provided

Preferred Given name: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Gender:  Female  Male  Other

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Student's unique pupil number: \_\_\_\_\_

Young Person's Mobile: \_\_\_\_\_

Young Person's email: \_\_\_\_\_

Living Independently:  Yes  No

Young Person's Religion:  Catholic  Other Christian  Non-Christian  No Religion or Religion Unknown

### For Office Use Only

Young Person's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Class: \_\_\_\_\_ Year Level: \_\_\_\_\_

Bus Run: \_\_\_\_\_



## Identity

Does the young person identify as being of Aboriginal or Torres Strait Islander Origin:

Aboriginal       Torres Strait Islander       Other

(For persons of both Aboriginal and Torres Strait Islander origin, tick both)

Country of Birth: \_\_\_\_\_ Australian Citizen:  Yes  No

Is English a second Language (ESL):  Yes  No

Does the young person speak a language other than English at Home:  Yes  No

Main language at Home: \_\_\_\_\_

## Citizenship & Visa Details

Is the student an Australian Citizen?  Yes (Attach birth certificate/passport)  No

If NO, complete below:

- Country of Citizenship: \_\_\_\_\_
- Visa Subclass: \_\_\_\_\_ (e.g., 500 – Student Visa)
- Visa Grant Number: \_\_\_\_\_
- Visa Grant Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent Resident?  Yes  No

Passport No.: \_\_\_\_\_      Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please attach copies of (where applicable):

Passport       Visa Grant Notice       Birth Certificate

## Previous School Details for Young Person Enrolling

Is the Young Person currently attending school?  Yes  No

If YES      Name of School: \_\_\_\_\_      Current Grade: \_\_\_\_\_

If NO      Last School Attended: \_\_\_\_\_

Month/Year/Grade when stopped attending Previous school: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- PLEASE PROVIDE PREVIOUS SCHOOL REPORT



## Young Person's Living Arrangements *(note where and who the young person is currently living)*

### 1: Parent/Guardian/Carer details *(responsible adult for day-to-day care)*

Name: \_\_\_\_\_ Relationship to the Young Person: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsible for parenting:  Yes  No

Lives with the young person:  Yes  No

Receive school reports:  Yes  No

Contact in an emergency?  Yes  No

- If this person is not an Emergency Contact, please provide details over the page.

### 2: Parent/Guardian/Carer details *(responsible adult for day-to-day care)*

Name: \_\_\_\_\_ Relationship to the Young Person: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsible for parenting:  Yes  No

Lives with the young person:  Yes  No

Receive school reports:  Yes  No

Contact in an emergency?  Yes  No

- If this person is not an Emergency Contact, please provide details below.

## EMERGENCY CONTACT

Same as above  Yes  No

If not the same as above, please provide emergency contact details below:

Name: \_\_\_\_\_ Relationship to the Young Person: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MANDATORY: Please fill up Below Parent/Gurdian/Carer Name, Language Spoken, highest year of primary or secondary school completed and Occupation Group.**



## STUDENT BACKGROUND (MANDATORY)

<b>Parent 1/Guardian 1/Carer 1</b> <i>(responsible adult for day-to-day care)</i>	<b>Parent 2/Guardian 2/Carer 2</b> <i>(responsible adult for day-to-day care)</i>
Given name/s: _____	Given name/s: _____
Surname: _____	Surname: _____
Religion: _____	Religion: _____
<b>Does the Parent/Guardian/Carer speak a language other than English at home?</b> If more than one language, indicate the one that is spoken most often.	
<input type="checkbox"/> No, English only	<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> Yes, other – please specify _____
Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is the highest year of primary or secondary school completed?</b>	
<input type="checkbox"/> Primary	<input type="checkbox"/> Primary
<input type="checkbox"/> Year 7 or equivalent	<input type="checkbox"/> Year 7 or equivalent
<input type="checkbox"/> Year 8 or equivalent	<input type="checkbox"/> Year 8 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 12 or equivalent
Non School Education: _____	Non School Education: _____
<b>What is the occupation group of the Parent/Guardian/Carer?</b> Please select the appropriate occupation group below. If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.	
<input type="checkbox"/> <b>Group 1:</b> Senior management in large business organisations, government administration, defence; qualified professionals	<input type="checkbox"/> <b>Group 1:</b> Senior management in large business organisations, government administration, defence; qualified professionals
<input type="checkbox"/> <b>Group 2:</b> Other business managers; arts/media/sports persons; associate professionals	<input type="checkbox"/> <b>Group 2:</b> Other business managers; arts/media/sports persons; associate professionals
<input type="checkbox"/> <b>Group 3:</b> Tradesmen/tradeswomen; clerks; skilled office, sales and service staff	<input type="checkbox"/> <b>Group 3:</b> Tradesmen/tradeswomen; clerks; skilled office, sales and service staff
<input type="checkbox"/> <b>Group 4:</b> Machine operators; hospitality staff; assistants; labourers; related workers	<input type="checkbox"/> <b>Group 4:</b> Machine operators; hospitality staff; assistants; labourers; related workers
<input type="checkbox"/> <b>Group 5:</b> Out of employed work for 12 months or more (if less, use previous occupation group)	<input type="checkbox"/> <b>Group 5:</b> Out of employed work for 12 months or more (if less, use previous occupation group)
<input type="checkbox"/> <b>Group 6:</b> Unknown	<input type="checkbox"/> <b>Group 6:</b> Unknown



### Care of State Details

YP is known to or has been/is in care of the Child Safety Services (e.g. Foster Care, under child protection orders)

Yes  No

Comments: \_\_\_\_\_

If Yes: Is the YP currently in care of Child Safety?  Yes  No

Please tick which of the following applies

Child Protection Orders  Intervention with parental agreement  
 Foster Care  Out of home care  Kinship  Self placed

Comments: \_\_\_\_\_

Name of Care Agency: \_\_\_\_\_

#### Case Agency Case Manager

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

#### Child Safety Officer

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

### Youth Justice

Youth Justice Involvement:  Yes  No Current Orders:  Yes  No

If yes, please provide details: \_\_\_\_\_

#### Youth Justice Case Worker

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Agency Involvement

Please list the organisations or services that the young person is involved with and provide details as requested below.

Service Name	Time with Service (Months/ Years)	Frequency and Type of Support	Contact Person	Phone Number



## Issues Experienced by the Young Person

### Medical/Wellbeing:

**Medical Dietary requirements**

Yes  No

Please List: \_\_\_\_\_

**Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD/ADHD)**

Yes  No

Comment: \_\_\_\_\_

**Behavioural Concerns including diagnosed disorder e.g., conduct disorder, oppositional defiant disorder**

Yes  No

Comment: \_\_\_\_\_

**Diagnosed Disability** e.g., Intellectual impairment, Autistic Spectrum Disorder (includes Asperges), Speech Language Impairment

Yes  No

Comment: \_\_\_\_\_

**Diagnosed Sensory Impairment** e.g., Hearing, Visual, Physical Impairment

Yes  No

Comment: \_\_\_\_\_

**Mental Health Concerns** e.g., anxiety, depression, self-harm, repeated suicidal thoughts

Yes  No

Comment: \_\_\_\_\_

**Substance Abuse** Does the Student have any issues with illicit drug use or alcohol use? Will going without cause issues?

Yes  No

Comment: \_\_\_\_\_

**Fears and Phobias** Does the Student have any fears, phobias or is prone to being overly anxious e.g. water, spiders, dark?

Yes  No

**Other Issues** Does the Student have any other issues (not have been identified elsewhere) that may impair their ability to participate in the program safely? e.g. including but not limited to social problems, risk taking behaviour

Yes  No

### Health: List any other Medical Conditions

\_\_\_\_\_

\_\_\_\_\_

Provide Medical Action Plans for relevant conditions i.e.: asthma, epilepsy, diabetes etc

Yes  No

Student suffers from food or other Allergies

Yes  No

Does the student use or require and Epi pen for these Allergies?

Yes  No

Provide a printout of Immunisation schedule (This can be obtained from My Gov or Congress)

Yes  No

Student immunisation record completed.

Yes  No



List all current Medication that the Young Person has been prescribed:

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Indicate if the following can be administered at school i.e.: Paracetamol (Panadol), Ibuprofen (Nurofen)  Yes  No

**NOTE: A maximum of 1 dose, as directed by the product manufacturer, will be administered on any school day.**

<b>MEDICARE CARD:</b>			
Colour:		Number:	
Expiry:		Position Number:	
Family Doctor Name:			
Practice Name:			
Practice Phone Number:			

**Educational:** *Please tick if applicable and comment*

**Disengaged or is at risk of disengaging from education, training** e.g. poor/non-attendance at school, suspensions, exclusion.

Comment: \_\_\_\_\_

**Language Barriers** e.g. difficulty understanding/using English

Comment: \_\_\_\_\_

**Learning Difficulties** e.g. difficulty with reading or maths

Comment: \_\_\_\_\_

**Social/Family:** *Please tick if applicable and comment*

**Accommodation Issues** e.g. unstable accommodation, multiple moves

Comment: \_\_\_\_\_

**Family relationship Issues** e.g. poor relationship with parent/carer

Comment: \_\_\_\_\_

**Difficulty accessing services and social supports** e.g. has/none/few social supports, does not access services

Comment: \_\_\_\_\_

**Special Circumstance & Other Relevant Information**

Are there any special circumstance surrounding the young person's enrolment?

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Any other Relevant information:

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## Young Person with Parent/Carer St Joseph's Flexi Agreement

We are a child safe organisation.

This agreement supports young people to engage safely and successfully in our school.

Young Person:		Date of Interview:	
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### EXPLANATION OF CONSENT

I have explained the young person's participation in St Josephs Flexible School enrolment, their timetable, the role of school (youth worker and teacher) personnel, and the need for information exchange and how information, including medical information, may be shared as stated in this document. In my opinion the parent/caregiver/independent student understands this information. If necessary, I have arranged for an interpreter to explain this consent form.

### VERBAL CONSENT

In exceptional circumstances, where written consent cannot be obtained, school staff must also complete the following: I am not able to have the parent/caregiver/independent student complete this written consent form below because ..... Until, I can have this consent form completed in writing, I have obtained verbal consent from:

.....

**Print name**

.....

**Relationship to the young person**

### WRITTEN CONSENT

**To the parent/caregiver/independent student:**

This form is to give consent for the St Joseph's School to make arrangements for your child/you to have a Flexible Learning Option enrolment that includes youth work/ wellbeing and education services.

Please ensure that you:

- read and understand your responsibilities as a parent/caregiver/independent student
- sign the form in the relevant places below. **You do not have to give consent to everything on these pages.**



## Young Person's Section:

1.	I am choosing to become a student at the St Joseph's Flexible School and will do my best to work with staff and other Young People to achieve my learning goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I understand that the school times are between 9:00am-2:30pm Monday to Thursday and 9:00am-12:30pm Friday.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I understand that if I cannot attend, I will ask my parent/carer to contact the school to let them know I'm okay and why I can't come into the Flexi.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>To help all members of this community safely achieve our goals, I am committed to working with the St Joseph's <b>Four Principles</b>:</p> <ul style="list-style-type: none"> <li>➤ <b>Respect</b></li> <li>➤ <b>Participation</b></li> <li>➤ <b>Honesty</b></li> <li>➤ <b>Safe and Legal</b></li> </ul> <p>I will do this by taking responsibility for my actions as I work with our community to resolve issues. If I cause others to feel unsafe, then I will work with the St Joseph's staff to find solutions that are fair to everyone's rights.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>I understand that if I am unable to work with the Four Principles, I may be asked to have a conversation to resolve the issue.</p> <ul style="list-style-type: none"> <li>- This conversation may occur on the same day as the issue or may occur later</li> <li>- I understand that I may be asked to go home to give time for all involved to reflect, regulate, and be ready for a productive conversation</li> <li>- I will work with staff to schedule a conversation to resolve any concerns that have arisen</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I will travel in a safe and legal way in a St Joseph's vehicle, or on any form of public or private transport, where such transport is deemed necessary by the St Joseph's e.g., excursions/emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I understand that if I am found in possession of an illegal substance or any item used with this substance, it will be taken to the Head of Campus, who will notify the police and my parents immediately. The Police may determine if further action or investigation is necessary.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>I understand St Joseph's Flexible School has legal responsibilities for safe use of internet, email, and mobile phones. I understand that my use of social media should reflect the Four Principles. Specifically:</p> <ul style="list-style-type: none"> <li>- I will use my mobile phone/personal device in ways that show respect for all people in our community</li> <li>- I will use school devices only for intended use and will treat them with respect to ensure others can use them in the future</li> <li>- I will use social media responsibly, both during school hours and in my own time</li> <li>- I will not use social media or the internet to post images or messages about anyone in our community, without their consent. I understand that I will be asked to remove these images/posts if they are deemed inappropriate.</li> </ul> <p>I understand that if I choose to use computers and mobile phones in any way that disregards the guidelines above, I may be asked to leave my mobile phone at home and/or be restricted in my use of school devices.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I will not film or take photos of any person in our community without consent. If this occurs, I will be required to delete any image or recording. I understand other people may report this to the police.	<input type="checkbox"/> Yes <input type="checkbox"/> No



10.	I am aware that St Joseph's Flexible School does not have a uniform. I agree to negotiate how I dress in accordance with the Four Principles.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	I agree to work with staff to develop my Personal Learning Plan to support my successful engagement at St Joseph's.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	I understand that the Flexi community is made up of a diverse group of YP, staff and families. I understand I am required to work within the St Joseph's Flexible School Young Person Code of Conduct and am committed to showing respect and welcome to every member of our community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	I give permission for my image (picture) to be used in publications related to promoting St Joseph's, the Flexi Network and Edmund Rice Education Australia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	I/we give permissions for images (pictures) of the Young Person to be used in publications that are used on site at school. This includes but is not limited to: Newsletters, Report Cards and Student ID's.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	I am aware of the EREA website and understand that I can access all EREA policies via this website ( <a href="http://www.ereafsn.edu.au">www.ereafsn.edu.au</a> ).	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	I understand that all people aged 18 and over have mandatory reporting responsibilities for any child or young person they reasonably believe is subject to/or at risk of being sexually abused. I understand I have a responsibility to report these matters to school staff or the police.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I accept the invitation to join this learning community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Young Person signature:</b>		<b>Date:</b>	
<b>Parent/Carer signature:</b>		<b>Date:</b>	
<b>Staff Member signature:</b>		<b>Date:</b>	



## Parent/Legal Guardian Section:

I/we, being the Parent(s)/Legal Guardian(s) of the above Young Person, accept the offer of the enrolment at St Joseph's Flexible School.

**Parent/Guardians please note:** In accepting this offer of enrolment for the young person in your care, you need to answer YES or NO to the following questions. If you do not tick either yes or no, it will be taken that you did not give consent. If you have not given consent, the young person may not be able to participate in some St Joseph's activities. Please feel free to discuss any of these questions or your responses with the Head of Campus or St Joseph's Staff.

1.	I/we will work with staff of the St Joseph's Flexible School to support the Young Person to regularly attend school and achieve their educational goals. I will be in regular communication with the school as to why my YP is absent and respond to messages from the school as soon as possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I/we understand that the school times are between 9:00am-2:30pm Monday to Thursday and Friday 9:00am to 12:30pm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I/we will support the Young Person in working with the <b>Four Principles</b> : <ul style="list-style-type: none"> <li>➤ <b>Respect</b></li> <li>➤ <b>Participation</b></li> <li>➤ <b>Honesty and</b></li> <li>➤ <b>Safe and Legal</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I/we understand that there may be occasions when a young person is unable to work with the Four Principles. On these occasions a young person will be required to have a conversation to resolve the issue. I understand: <ul style="list-style-type: none"> <li>- This conversation may occur on the same day as the issue, or may occur later</li> <li>- The young person may be asked to go home to give time for all involved to reflect, regulate, and be ready for a productive conversation</li> <li>- A staff member will advise me of the situation and help the young person get back to Flexi as soon as possible</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I/we consent to the Young Person participating in all normal curricular, sporting, and extra-curricular activities conducted with the approval of the Flexi, such as work experience, school camps, excursions, and functions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I/we consent to the Young Person travelling in a St Joseph's vehicle, or on any form of public or private transport, where such transport is deemed necessary by the Flexi e.g., excursions/emergency. I understand the Young Person has a responsibility to always travel safely and legally with the Flexi.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I/we consent to the Young Person being transported to appointments in an EREA Flexi vehicle driven by EREA staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	I/we will attend meetings, community events and contribute to the wellbeing of the school community where possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I/we give permission for images (pictures) of the Young Person to be used in publications related to promoting St Joseph's Flexi, the St Joseph's Flexi Network and Edmund Rice Education Australia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	I/we give permissions for images (pictures) of the Young Person to be used in publications that are used on site at school. This includes but is not limited to: Newsletters, Report Cards and Student ID's.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	I/we understand that in the event of any medical, or other emergency, arising where St Joseph's staff have been unable to contact parents, the Flexi will take all reasonable care of a Young Person suffering an accident or illness but will not be responsible for the costs of any	<input type="checkbox"/> Yes <input type="checkbox"/> No



ambulance, medical or dental attention or treatment administered to the student in such event, nor will the Flexi be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating the Young Person.	
12. I/we consent for Wellbeing sessions to be conducted in my home when necessary for my Young Person. I understand it is my responsibility for adult supervision when required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. I/we understand that the school reserves the right to confiscate all or any devices suspected of containing content relating to an offence of which Police may require as evidence.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Parent/Legal Guardian Signatures**

I/we have read and answered all the questions in the agreement and on the Young Person Enrolment Form honestly and to the best of my/our ability.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Guardian's Signature:</b>		<b>Date:</b>
<b>Printed Name:</b>		
<b>Parent/Guardian's Signature:</b>		<b>Date:</b>
<b>Printed Name:</b>		

**Head of Campus/Associate Head of Campus Signatures**

I accept the above-named Young Person for enrolment at the St Joseph's Flexible School.		
<b>Head of Campus' Signature:</b>		<b>Date:</b>
<b>Associate Head of Campus Signature:</b>		<b>Date:</b>



## **EREAFLS Flexi Media Consent Form Young Person with Parent/ Legal Guardian/ Carer**

### **Personal Information**

1. The Parents/Guardians/Young Person acknowledge and agree that Edmund Rice Education Australia Flexible Schools Limited (EREAFLS) and its Schools collects personal information about young people. The primary purpose of collecting the information is to enable EREAFLS to use the information for all actions connected with educating young people.
2. The Parents/Guardians/Young Person consent to personal information being used for educational and ancillary purposes, including the marketing of EREAFLS and its Schools. The Parents/Guardians/Young Person authorise EREAFLS to use and disclose other personal information during or after the Young Person's enrolment in such manner and such circumstances as EREAFLS in its absolute discretion considers appropriate for the purposes of EREAFLS functions and activities.
3. EREAFLS agrees to act in accordance with its Privacy Policy in relation to the collection, storage, use and disclosure of personal information collected from Young People. A copy of the Privacy Policy may be viewed on the EREAFLS website. EREAFLS will provide a hard copy of the Privacy Policy to anyone who requests it.
4. The Parents/Guardians/Young Person grant permission for the capture and use of photographs, videos, images, and audio recordings of the Young Person in any format, whether physical, digital, or otherwise, taken on an EREAFLS premises or at any other location:
  - a. to be included in EREAFLS records;
  - b. to be displayed from time to time within EREAFLS Schools;
  - c. to be published in EREAFLS publications, on its website, social media platforms, and other marketing or promotional materials; and
  - d. to allow media access to Students (under the supervision of EREAFLS) as deemed appropriate by EREAFLS at its absolute discretion, including for interviews conducted on School premises for external publication.

### **Works Created by Young People**

1. The Parents/Guardians/Young Person grant permission for EREAFLS to use and upload original works created by the Young Person (such as music, artwork, writing, and other creative works) for marketing, promotional, and media purposes. This includes, but is not limited to, use on EREAFLS's website, social media, printed materials, presentations, and other public-facing platforms as deemed appropriate by EREAFLS at its absolute discretion.
2. The Young Person's name and/or appropriate credits will be included where feasible in connection with the published work unless otherwise requested.
3. EREAFLS will not retain ownership of the works, and the Young Person will retain ownership of all original work.



EDMUND RICE EDUCATION AUSTRALIA

**FLEXIBLE  
SCHOOLS**



EDMUND RICE EDUCATION  
AUSTRALIA

By signing the below, you acknowledge and consent that EREAFSL may use your personal information and original works for educational and ancillary purposes, including the marketing of EREAFSL and its Schools.

Young Person's Name:	_____	
Young Person's Signature:	_____	Date: _____
Parent/Carer Name:	_____	
Parent/Carer Signature:	_____	Date: _____
Staff Member Name:	_____	
Staff Member Signature:	_____	Date: _____

You may withdraw your consent at any time. To withdraw your consent, please contact Liz Moodey on 0476555344. Upon withdrawal, EREAFSL will cease using personal information and original works in future publications, but any prior publications that have already been made may remain in circulation or archived.



## Authorisation for Confidential Information:

### Collection of Personal Information

To provide the best support to you we may be required to collect some personal information. The more information we know, the better we can understand your needs and are better prepared to support you. It is your choice what information you share. Any information shared about you is documented – which means that staff can see information you have given in the past and you don't have to talk about the same stuff all the time.

### Is my information confidential?

By law, we are required to keep the information that you share with St Joseph's Flexible School confidential, and it is stored on a secure database. This means that the information is not shared with anyone outside of the school without your permission. However, there are some legal exceptions, some of which are set out below.

### Limitations:

We may be required to disclose your personal information without your permission if:

- you report that you are going to hurt yourself
- you report that you are going to hurt someone else
- you report that someone else has hurt you
- the information is subpoenaed for legal or court purposes

Where we can, we will let you know this is happening but sometimes we aren't able to do this. If this worries you, please discuss this with us.

### You can change your mind:

You have the right to refuse to give information and to change your mind later if you wish.

You can look at the information we keep about you – just ask the Head of Campus. If you still aren't happy with the way we've handled your information, you have the right to make a formal complaint to the Area Principal of St Joseph's Flexible School.

### Help us to help you:

We will work hard to support you but sometimes we may need to talk with the other important people in your life so we can provide you with the best possible care. This may include family, friends, or other support agencies.

Using the form below, please tell us who we can inform when you disclose personal matters/struggles and how much we can tell them. Is there an important person who helps you the most?



## CONSENT & INFORMATION SHARING AUTHORISATION

### Consent:

I understand my rights regarding consent and confidentiality. I also understand that I can change or withdraw my consent at any time.

I consent to a worker from St Joseph's Flexible School corresponding with relevant organisations and to sharing and releasing my information to the following, for the purposes of supporting and caring for me and providing me education:

**Please initial next to each organisation you consent to:**

Organisation	Initial
➤ Parent / Emergency Contact	_____
➤ Medical Services (e.g. GP, Specialist, Hospital)	_____
➤ Government Mental Health Services	_____
➤ Private Clinicians / Allied Health Providers	_____
➤ Other Edmund Rice Flexible Schools	_____
➤ Other (please specify): _____	_____

I understand that there may be certain circumstances where St Joseph's Flexible School is required to collect, hold, use, or disclose my information without my consent, however that St Joseph's Flexible School will only do this in accordance with the law.

### Young Person

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

Signature: \_\_\_\_\_

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

### Parent / Caregiver

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

Relationship to Young Person: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## Consent to Collect Educational & Support Records

**Consent:**

I understand my rights regarding consent and confidentiality. I also understand that I can change or withdraw my consent at any time. I understand that S Joseph’s Flexible School requires the following information to complete my enrolment at St Joseph’s Flexible School. I consent to St Joseph’s Flexible School requesting this information from organisations, and I consent to St Joseph’s Flexible School collecting, receiving, holding, using, and disclosing this information, for the purposes of supporting and caring for me and providing me education:

**Please initial next to each item:**

<b>Record Type</b>	<b>Initial</b>
➤ Previous school report(s) (last 1–2 if available)	_____
➤ Attendance data	_____
➤ S1 Form (Student Data Capture System – if Year 10–12)	_____
➤ Disability medical report (from Paediatrician/Psychiatrist)	_____
➤ AIMS report / One School verification records	_____
➤ Education plans (IEP, EAP, SET Plan, Personal Learning Plan)	_____
➤ NCCD (education adjustments data)	_____
➤ Youth Justice information (if applicable)	_____
➤ Medical Specialist / Allied Health reports (specify): _____	_____
➤ Other (please specify): _____	_____

I understand that there may be certain circumstances where St Joseph’s Flexible School is required to collect, hold, use, or disclose my information without my consent, however that St Joseph’s Flexible School will only do this in accordance with the law.

**Young Person**

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

Signature: \_\_\_\_\_

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

**Parent / Caregiver**

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

Relationship to Young Person: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## St Joseph's Flexible School - Daily adjustments provided across the whole school

<input checked="" type="checkbox"/> Reduced complexity, content and workload	<input checked="" type="checkbox"/> Increased Explicit Teaching	<input checked="" type="checkbox"/> Scaffolded Tasks	<input checked="" type="checkbox"/> Individual Support
<input checked="" type="checkbox"/> Tasks broken down into manageable chunks	<input checked="" type="checkbox"/> Use of real-life curriculum	<input checked="" type="checkbox"/> Simplified step-by-step instructions	<input checked="" type="checkbox"/> Clarification of task: understanding/questioning
<input checked="" type="checkbox"/> Explicit language teaching in social contexts	<input checked="" type="checkbox"/> Prompting, modelling or appropriate language responses	<input checked="" type="checkbox"/> Regular home/school communication	<input checked="" type="checkbox"/> Use of cues: visual/behavioural
<input checked="" type="checkbox"/> Teaching of self-regulation and resilience strategies (incidental and explicit)	<input checked="" type="checkbox"/> Teaching of social skills (incidental and explicit)	<input checked="" type="checkbox"/> Modelling problem-solving skills	<input checked="" type="checkbox"/> Monitor wellbeing/collect data
<input checked="" type="checkbox"/> Alerts, reminders to changes in routine	<input checked="" type="checkbox"/> Provide food at school – breakfast, 1 <sup>st</sup> lunch and 2 <sup>nd</sup> lunch	<input checked="" type="checkbox"/> Support to develop time management and organisational skills	<input checked="" type="checkbox"/> Provision of secure/safe environment
<input checked="" type="checkbox"/> Predictable and consistent whole of school, daily structure, and routines	<input checked="" type="checkbox"/> Additional planning for success (e.g. camps/outings)	<input checked="" type="checkbox"/> Explicit teaching of protective behaviours	<input checked="" type="checkbox"/> Focus on outdoor education and experiential activities
<input checked="" type="checkbox"/> Daily transport provided by St Joseph's staff using small buses for all our students	<input checked="" type="checkbox"/> Modified timetable	<input checked="" type="checkbox"/> High staff support provided during break times.	<input checked="" type="checkbox"/> Youth worker support and monitoring
<input checked="" type="checkbox"/> No school fees, uniforms or levies	<input checked="" type="checkbox"/> All resources provided		

**Young Person**

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

Signature: \_\_\_\_\_

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

**Parent / Caregiver**

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

Signature: \_\_\_\_\_

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

**HOC/TEACHER**

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

Signature: \_\_\_\_\_

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



## HEARING CHECK AT SCHOOL

### Congress Audiology

*YOU HAVE THE RIGHT TO SAY NO*

#### CONSENT

Carer/ Parent NAME: \_\_\_\_\_ give permission today (DATE): \_\_\_\_/\_\_\_\_/\_\_\_\_

for NAME: \_\_\_\_\_ to have school hearing and ear check at St Joseph's at any time during next 1 year. All information will be on record at Congress and a report given to school. St Joseph's or Congress will contact you if any follow up is needed.

Can you tell us:

1. Do you have any worries for the hearing? YES/ NO

Any comments: \_\_\_\_\_

2. Do you have any worries for the talking? YES/NO

Any comments: \_\_\_\_\_

3. Are there ear problems/ ear discharge? YES/ NO

Any comments: \_\_\_\_\_

4. Anything else about ears/ hearing?

Any comments: \_\_\_\_\_

#### Privacy Statement:

The information on this form is collected for the purpose of your Young Person's participation in an allied health program. The information you provide will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. For information on how our school manages personal information, please contact the Principal, Donna Hagen if you wish to view the Privacy Management Policy.

Parent/ Carer Signature: \_\_\_\_\_



**SACE BOARD**  
SOUTH AUSTRALIA

### Eligibility for Modified Subjects

For school use only

*Please refer to Information Sheet 17 for information regarding modified subjects*

*Do not submit this form to the SACE Board*

**Name of student**

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

SACE registration number 

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 Year/class \_\_\_\_\_

**Evidence of disability**

*A range of evidence should be considered to determine eligibility for the student, including teacher observations, samples of student work and medical/independent professional information.*

- Medical/psychological report/s
- NEP/IEP
- Teacher observations
- Student work samples
- Other

**Record of adjustments**

Provide details of the <i>Extensive and/or Substantial Adjustments</i> in place for the student	Subject (List subjects for which each adjustment is provided or, if provided for all subjects write ALL)	Teacher's initials



### Confirming eligibility

For eligibility to be confirmed each of the following boxes *must* be marked (x).

- The student has a documented or imputed disability that results in significant impairment in intellectual functioning and/or adaptive behaviours.
- The disability cannot be addressed through reasonable adjustments under the *Special Provisions Curriculum and Assessment Policy*.
- The disability means the student cannot meet and/or provide evidence against the performance standards of subjects at C/C- level or higher because of their disability.
- The student is, or will be, recorded on the NCCD database as requiring extensive or substantial adjustments.

### Consultation

It is vital to consult students and carers about the appropriateness and effect of enrolment in modified subjects. For eligibility to be confirmed each of the following boxes must be ticked.

- Flexible options have been considered, where appropriate.
- Pathway implications have been discussed with the student and parent/caregiver.
- Student and parent/caregiver give consent for enrolment.

### Comments


### Eligible / Not eligible

If not eligible, rationale for ineligibility


### Declaration

Signature of student (if appropriate) _____	Date	
Signature of parent/caregiver _____	Date	
Signature of principal (delegate) _____	Date	

