
Student Application for Enrolment Form 2021

Instructions

Please ensure all sections are filled out. Having as much information as possible in this application will help us make a decision regarding your placement.

A final decision regarding your placement will only be made after all information required has been provided to us and an interview with you has been conducted.

If you have difficulty obtaining information, such as previous school reports, please contact Novo Education Space as we may be able to offer assistance. Please ensure the information release form is completed as this will enable us to gain access to any previous school information that you may not have been able to access.

**Please only attach copies of any reports and certificates.
DO NOT ATTACH ORIGINAL DOCUMENTS**

Places at Novo Education Space are limited. Please be aware that **an application does not automatically entitle you to a place.**

Interviews for Years 9, 10 and 11 places will take place in November and December. Further interviews may be held in January and February if places are still available. From time to time, places become available at other times in the year. Please contact the school to inquire.

If you would like to apply for a Year 12 place, please contact us first to discuss whether this is possible as there are limitations on Year 12 enrolment.

Please start collecting the necessary information/documents and send in your application as soon as possible before the interview period.

Send completed application forms to:
PRIVATE & CONFIDENTIAL - APPLICATION
Novo Education Space
50-58 Auburn Street (PO Box 1472)
WOLLONGONG NSW 2500
or e-mail admin@novo.nsw.edu.au

For more information or to discuss any aspect of your application please contact your local Novo Education Space Campus or e-mail admin@novo.nsw.edu.au .

Wollongong enrolments – John Long, Campus Coordinator, phone 4226 1622
Nowra and Vincentia enrolments – Kathryn Antonio, Acting Campus Coordinator, phone 0411 697 466
Southern Highlands enrolments – Andrew Doodson, Campus Coordinator, phone 0431 159 579

Novo Education Space

Information Collection Notice

1. Novo Education Space operates under the auspices of WEA Illawarra (ABN 14062944950).
2. Novo Education Space collects personal information, including sensitive information, about students and parents/carers/legal guardians before and during the course of the student's enrolment at Novo Education Space.
3. The primary purpose of collecting and recording this information is to allow us to exercise our functions and activities and ultimately to provide quality education to the student.
4. We collect, use, hold and disclose personal information in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs).
5. Laws governing or relating to the operation of schools require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws with which Novo Education Space complies.
6. The information that we collect is to satisfy legal obligations and enables us to discharge our duty of care.
7. Novo Education Space collects health information about students. Health information is a subset of sensitive information; it is defined in the *Privacy Act 1988* (Cth) and is dealt with in accordance with the APPs.
8. If we cannot obtain the information referred to above, we may be unable to enrol or continue the enrolment of the student.
9. Personal and sensitive information collected by Novo Education Space may be disclosed to others for administrative and educational purposes. This may include disclosure to other schools, government departments or agencies such as the Australian Government Department of Education and Training, the NSW Department of Education, NSW Education Standards Authority, the Australian Curriculum, Assessment and Reporting Authority, the Association of Independent Schools NSW, the National Centre for Vocational Education Research, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches, volunteers and counsellors.
10. Personal information collected from students is regularly disclosed to their parents/carers/legal guardians. Information such as academic and sporting achievements, activities and other news is published in newsletters, annual reports, on our website and for other school related purposes. A separate form is provided for students and their parents/carers/legal guardians to indicate if they give consent for the publishing of photographs and videos of students.
11. Our Privacy Policy sets out how parents/carers/legal guardians and students may seek access to personal information collected about them, however there will be occasions when access is denied.
12. Parents/carers/legal guardians and students may seek to have personal information that we hold about them corrected. Correction of personal information is dealt with in accordance with our Privacy Policy.
13. Parents/carers/legal guardians and students may make a complaint in accordance with our Privacy Policy if they believe we have breached the APPs.
14. A copy of our Privacy Policy is available on request from the school or at www.weaillawarra.com.au.

Application for Enrolment for School Year 2021

For which campus and school year are you applying?

(please refer to Information Brochure for details of what is offered at each centre)

Wollongong

- Year 9
 Year 10
 Year 11

Bowral

- Year 9
 Year 10

Nowra

- Year 9
 Year 10
 Year 11

Vincentia

- Year 9
 Year 10
 Year 11

Section 1: Student's Personal and Previous Education Details

You should complete this section using the student's legal name as it appears on their birth certificate

| | | | |
|--|----------------------------------|---------------------------------|--|
| Family name | | | |
| First given name | | | |
| Second given name | | | |
| Preferred first name | | | |
| Date of birth | | Age | |
| Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other |
| Pronouns | <input type="checkbox"/> She/Her | <input type="checkbox"/> He/His | <input type="checkbox"/> They/Them |
| Residential address | | | |
| Suburb | | Postcode | |
| Student's home phone number | | | |
| Student's mobile number | | | |
| Student's personal email | | | |
| Please attach copy of birth certificate, passport or other document proving your identity and date of birth | | | |

Living arrangements (please tick)

| | | |
|--|---|---|
| <input type="checkbox"/> Family residence with two parents | <input type="checkbox"/> With mother only | <input type="checkbox"/> With father only |
| <input type="checkbox"/> With other relative(s) | <input type="checkbox"/> Independent | <input type="checkbox"/> Out of Home Care |
| <input type="checkbox"/> Other (please specify) | | |

Aboriginality

| | | | |
|--|-------------------------------------|---|---|
| Is the student of Aboriginal or Torres Strait Islander origin? | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Both Aboriginal and Torres Strait Islander |

Birthplace and Languages

| | | | |
|---|------------------------------|-----------------------------|--|
| In which country was the student born? | | | |
| Does the student speak a language other than English at home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, which language(s) | | | |

| | | | |
|--|--|---|--|
| If the student was born overseas, YOU MUST ANSWER THE FOLLOWING QUESTIONS and provide evidence or your application cannot be considered | | | |
| What date did student arrive in Australia? | | | |
| What is student's Australian residency status? | | <input type="checkbox"/> Australian Citizen (provide copy of citizenship certificate) <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Permanent or Temporary Resident (provide a copy of passport and visa) | |
| Visa Sub-Class | | Visa Expiry Date | |

Please list the names and ages of student's brothers and sisters

| | | | |
|------|--|-----|--|
| Name | | Age | |
| Name | | Age | |
| Name | | Age | |

Please list ALL previous high school enrolments

| Year of last attendance | Name of School | Year(s) in which enrolled | Completed | |
|-------------------------|----------------------------|---------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Eg. 2010</i> | <i>Summer Heights High</i> | <i>Year 7</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach school reports from the most recent year of schooling

What is/was the student's reason for leaving their last school?

| |
|--|
| |
|--|

| | |
|---|--|
| NESA Student Number (if known) | |
| Unique Student Identifier (USI) issued if you have ever completed any accredited vocational training | |

How confident does the student feel about their skills in the following areas?

| | Not very confident | | Very confident | | |
|--|--------------------|---|----------------|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Literacy (reading and writing) | | | | | |
| Numeracy (maths and money) | | | | | |
| Communication (speaking and listening) | | | | | |

| | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| Did student participate in the NAPLAN tests in Year 9? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| If yes, please attach your NAPLAN test results | | | |

Student employment

| Year | Place of employment | Role/duties | Continuing in 2021? (Y/N) |
|------|---------------------|-------------|---------------------------|
| | | | |
| | | | |

Training courses student has taken

| Year | Place of training | Course | Completed (Y/N) |
|------|-------------------|--------|-----------------|
| | | | |
| | | | |

Student work experience completed

| Year | Place | Role/duties | No of Weeks/Days |
|------|-------|-------------|------------------|
| | | | |
| | | | |

Section 2: Parent/Carer and Emergency Contacts Details

It is important for us to maintain accurate contact details regarding each student's carers and people we can contact in an emergency. We are also required by the Australian Government to collect background information regarding carers for statistical purposes and so that the right amount of funding is provided to the school. Please assist by completing the information in full.

Parent/Carer 1 with whom the student normally lives

| | | | | | |
|--|---|-------------------------------------|---|---|--------------------------------|
| Relationship to student (eg, mother/father/carers) | | | | | |
| Title (eg, Ms, Mr) | | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| Family name | | | | | |
| Given name | | | | | |
| Authorised to pick up from school? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Contact in an emergency? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Residential address | | | | | |
| Suburb | | Postcode | | | |
| Mobile phone number | | | | | |
| Work phone number | | | | | |
| Home phone number | | | | | |
| E-mail address | | | | | |
| In which country were you born? | | | | | |
| Aboriginality | <input type="checkbox"/> No | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Both Aboriginal and Torres Strait Islander | |
| Do you speak a language other than English at home | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, which language(s)? | | | | | |
| Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples. | | | | | |
| <input type="checkbox"/> Group 8 | Have not been in paid work in the last 12 months | | | | |
| <input type="checkbox"/> Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers | | | | |
| <input type="checkbox"/> Group 3 | Tradespeople, clerks and skilled office, sales and service staff | | | | |
| <input type="checkbox"/> Group 2 | Other business managers, arts/media/sportspersons and associate professionals | | | | |
| <input type="checkbox"/> Group 1 | Senior management in large business organisation, government administration and defence and qualified professionals | | | | |
| Occupation | | | | | |

School Education

What is the highest level of schooling this parent/carers has completed?

| | | | |
|--|-----------------------|--|---|
| <input type="checkbox"/> Year 12 or equivalent | Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 equivalent or below |
|--|-----------------------|--|---|

Educational Qualifications

What is the highest qualification this parent/carers has completed?

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Bachelor degree or above | <input type="checkbox"/> Advanced Diploma/Diploma | <input type="checkbox"/> Certificate I-IV (inc Trade Certificate) | <input type="checkbox"/> No non-school qualification |
|---|---|---|--|

Parent/Carer 2 with whom the student normally lives

| | | | | | |
|--|---|-------------------------------------|---|---|--------------------------------|
| Relationship to student (eg, mother/father/carers) | | | | | |
| Title (eg, Ms, Mr) | | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| Family name | | | | | |
| Given name | | | | | |
| Authorised to pick up from school? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Contact in an emergency? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Residential address | | | | | |
| Suburb | | Postcode | | | |
| Mobile phone number | | | | | |
| Work phone number | | | | | |
| Home phone number | | | | | |
| E-mail address | | | | | |
| In which country were you born? | | | | | |
| Aboriginality | <input type="checkbox"/> No | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Both Aboriginal and Torres Strait Islander | |
| Do you speak a language other than English at home | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, which language(s)? | | | | | |
| Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples. | | | | | |
| <input type="checkbox"/> Group 8 | Have not been in paid work in the last 12 months | | | | |
| <input type="checkbox"/> Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers | | | | |
| <input type="checkbox"/> Group 3 | Tradespeople, clerks and skilled office, sales and service staff | | | | |
| <input type="checkbox"/> Group 2 | Other business managers, arts/media/sportspersons and associate professionals | | | | |
| <input type="checkbox"/> Group 1 | Senior management in large business organisation, government administration and defence and qualified professionals | | | | |
| Occupation | | | | | |

School Education

What is the highest level of schooling this parent/carers has completed?

| | | | |
|--|-----------------------|--|---|
| <input type="checkbox"/> Year 12 or equivalent | Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 equivalent or below |
|--|-----------------------|--|---|

Educational Qualifications

What is the highest qualification this parent/carers has completed?

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Bachelor degree or above | <input type="checkbox"/> Advanced Diploma/ Diploma | <input type="checkbox"/> Certificate I-IV (inc Trade Certificate) | <input type="checkbox"/> No non-school qualification |
|---|---|--|---|

Details of any Parent/Carer not living with this student

Complete only if applicable. Copies of any relevant family law or other court orders concerning the student, parent/carers access and living arrangements must be provided. Please print and attach additional pages if required

| | | | | | |
|--|---|-------------------------------------|---|---|--------------------------------|
| Relationship to student (eg, mother/father/carers) | | | | | |
| Title (eg, Ms, Mr) | | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| Family name | | | | | |
| Given name | | | | | |
| Authorised to pick up from school? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Contact in an emergency? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Residential address | | | | | |
| Suburb | | Postcode | | | |
| Mobile phone number | | | | | |
| Work phone number | | | | | |
| Home phone number | | | | | |
| E-mail address | | | | | |
| In which country were you born? | | | | | |
| Aboriginality | <input type="checkbox"/> No | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Both Aboriginal and Torres Strait Islander | |
| Do you speak a language other than English at home | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, which language(s)? | | | | | |
| Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples. | | | | | |
| <input type="checkbox"/> Group 8 | Have not been in paid work in the last 12 months | | | | |
| <input type="checkbox"/> Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers | | | | |
| <input type="checkbox"/> Group 3 | Tradespeople, clerks and skilled office, sales and service staff | | | | |
| <input type="checkbox"/> Group 2 | Other business managers, arts/media/sportspersons and associate professionals | | | | |
| <input type="checkbox"/> Group 1 | Senior management in large business organisation, government administration and defence and qualified professionals | | | | |
| Occupation | | | | | |

School Education

What is the highest level of schooling this parent/carers has completed?

| | | | |
|--|-----------------------|--|---|
| <input type="checkbox"/> Year 12 or equivalent | Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 equivalent or below |
|--|-----------------------|--|---|

Educational Qualifications

What is the highest qualification this parent/carers has completed?

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Bachelor degree or above | <input type="checkbox"/> Advanced Diploma/Diploma | <input type="checkbox"/> Certificate I-IV (inc Trade Certificate) | <input type="checkbox"/> No non-school qualification |
|---|---|---|--|

Additional Emergency Contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed. Ideally each contact should be someone who lives within a reasonable distance of the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

First Preference Contact Details

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Full Name | | |
| Relationship to Student | | |
| Contact phone number | | |
| Authorised to pick up from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Second Preference Contact Details

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Full Name | | |
| Relationship to Student | | |
| Contact phone number | | |
| Authorised to pick up from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The next page lists the Parent Occupation Groups – use these group numbers to complete occupation information for each parent/carer in this form.

| | |
|---|---|
| <p>Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals</p> | <ul style="list-style-type: none"> • Senior executive/manager/department head in industry, commerce, media or other large organisation. • Public service manager (Section head or above), regional director, health/education/police/fire services administrator • Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director] • Defence Forces Commissioned Officer • Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, • develop or operate complex systems; identify, treat and advise on problems; and teach others. • Health, Education, Law, Social Welfare, Engineering, Science, Computing professional • Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] • Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller] |
| <p>Group 2: Other business managers, arts/media/sportspersons and associate professionals</p> | <ul style="list-style-type: none"> • Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business • Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing] • Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer] • Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] • Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official] • Associate professionals generally have diploma/technical qualifications and support managers and professionals. • Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional • Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] • Defence Forces senior Non-Commissioned Officer |
| <p>Group 3: Tradesmen/women, clerks and skilled office, sales and service staff</p> | <ul style="list-style-type: none"> • Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. • Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk] • Skilled office, sales and service staff. • Office [secretary, personal assistant, desktop publishing operator, switchboard operator] • Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher] • Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor] |
| <p>Group 4: Machine operators, hospitality staff, assistants, labourers and related workers</p> | <ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other machinery operators. • Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] • Office assistants, sales assistants and other assistants. • Office [typist, word processing/data entry/business machine operator, receptionist, office assistant] • Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker] • Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] • Labourers and related workers • Defence Forces ranks below senior NCO not included above • Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] • Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor] |
| <p>Please note</p> | <p>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.</p> <p>If the person has not been in paid work in the last 12 months, please write "8" in the box.</p> |

Section 3: Medical, Health, Wellbeing and Learning Support Details

It is essential you inform the school before the student is enrolled if they have any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of the student and allow planning to occur to determine the best way to meet the individual health and support needs of the student. This is important information for your child's safe participation at the school.

| Medical Practitioner Details | |
|------------------------------|--|
| Doctor's Surgery Name | |
| GP or Family Doctor Name | |
| Doctor's Surgery Phone | |
| Dentist Surgery Name | |
| Family Dentist Name | |
| Phone Number | |

| Medicare and Health Fund Details | |
|----------------------------------|---|
| Student Medicare Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Ref No (in front of name) <input type="checkbox"/> |
| Medicare Card Expiry Date | |
| Private Health Fund Name | |
| Private Health Fund Number | |

| Other Health Practitioner Details | |
|--|--|
| Specialist or Consultant Medical Practitioner Name | |
| Specialisation (eg paediatrician, cardiologist) | |
| Phone Number | |
| Other Health Practitioner Name | |
| Profession (eg, psychologist, diabetes educator) | |
| Phone Number | |

Does the student have any current diagnosed MEDICAL CONDITIONS (eg, asthma, diabetes, epilepsy)?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please list medical conditions.

| |
|--|
| |
|--|

Medications

Does the student take any regular medication?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please list medication and related illness and include dose and frequency.

| |
|--|
| |
|--|

Does the student require prescribed medication to be kept at school and administered throughout the day?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, you will be required to complete a *Medication Administration Request Form*

Does the student have any previous INJURIES of which we should be aware and take into account?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please provide details.

| |
|--|
| |
|--|

Does the student have any known ALLERGIES?

Yes No

If yes, please complete the following

The student is allergic to: _____

Has the allergy previously resulted in hospitalisation?

Yes No

Is the allergy life-threatening?

Yes No

Has the allergy been described as anaphylaxis?

Yes No

Has the student been prescribed an EpiPen?

Yes No

If you have answered 'Yes' to the above medical condition or allergy questions, you will be required to provide a health or medical action plan from a registered Medical Practitioner treating the condition. All medical health plans should include advice regarding the management of the condition and emergency care procedures.

I give permission for Novo Education Space staff to provide the following non prescribed medication for self-administration if required to be taken at school.

- Salbutamol (Ventolin)
- Paracetamol (Panadol)
- Antihistamine (Claratyne)

I give my permission for Novo Education Space to seek information from the student's medical/health practitioner about how to manage the student's injury, allergy, mental health or other medical condition.

Yes No

Immunisations

PLEASE ATTACH YOUR CHILD'S IMMUNISATION RECORD

It is Department of Education policy that student immunisation details are provided to the school on application for enrolment.

| | |
|--------------------------------|--|
| Date of last tetanus injection | |
|--------------------------------|--|

Students with Disabilities and Learning Support

Please indicate if the student has any of the following

- | | | |
|---|---|--|
| <input type="checkbox"/> Mental health disorder | <input type="checkbox"/> A hearing impairment | <input type="checkbox"/> A language disorder |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Difficulties in learning | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Behaviour disorder | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> A vision impairment | <input type="checkbox"/> Other (please specify) | |

Does the student require support for learning because of a disability? Yes No

Has any previous education provider prepared a plan to support the student's special learning needs? Yes No

Legislation and our school policy recognises that reasonable adjustments may be required for students with special needs, including students with a disability, so that they can participate in school. Our staff work together with parents/carers to identify the reasonable adjustments that may be needed to meet the student's learning and support needs.

Are there any other special circumstances about the student that the school should know about prior to enrolment?

(eg, mature age, pregnancy, living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, refugee, asylum seeker living in community detention etc).

Yes

No

If yes, please provide a brief explanation of the circumstances below.

If you ticked yes for any boxes in Section 3, you **must** attach written documentation confirming any diagnosis or any other supporting documentation, and explain the condition and its impact on the student's home and school life, or any learning support plans previously prepared for the student. If you do not provide this information, we may not be able to process your application.

Novo Education Space is a Special Assistance School. Priority is given to applicants who can demonstrate they have social, emotional or behavioural difficulties, but are also willing and able to take responsibility for themselves and their learning in an adult education environment, with the right support. It is to your advantage to provide us with as much information as possible so we can assess your suitability for our program.

In completing this section of the application for enrolment form, you are certifying that the medical, health and wellbeing and disability information provided in this form is, to the best of your knowledge, true and correct. You agree to provide updated information to Novo Education Space should you become aware of any new information regarding the student's medical conditions, injuries, allergies, mental health conditions or other health and wellbeing concerns.

In the case of a medical emergency, Novo Education Space will seek all necessary medical or emergency care, including calling an ambulance (NB: the school has ambulance insurance cover for all students who are not covered by a private health fund or on a health care card).

Section 4: Other Support Services

Please indicate below if you are currently receiving any regular support from any service or practitioner

Name of Service _____

Type of Service

- | | | |
|---|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Alcohol/Drug |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Education, Employment, Training | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Community Services | | <input type="checkbox"/> FACS |
| <input type="checkbox"/> Financial | | <input type="checkbox"/> Other |

Service Phone No _____

Service Fax No _____

Service Provider Name _____

Service Provider Position _____

Service Provider E-mail _____

How long have you been involved with this service?

Years: _____

Months: _____

Will you keep in contact with this service in 2021?

Yes

No

Comments from Service Provider (or please attach a letter of support if appropriate):

Section 5: Incidental Learning Excursions and Activities Consent

Throughout the year we would like to take the opportunity to take impromptu short excursions or outings if there is anything happening close by that may aid in the students' learning or take advantage of another learning environment.

These impromptu excursions may consist of:

- Walking down to a park or the city centre to watch or take part in an activity;
- A visit to the Art Gallery to view a free exhibition or other community and cultural activities;
- A trip to the beach to study the environment;
- A visit to local facilities for recreation or physical activity or to participate in an education program;
- Walking to other places of interest within the local area for observation and connecting curriculum with real world examples or experiences.

We would like to know that you support us in our ability to enhance your student's learning by giving your permission for us to take your student on any impromptu excursions or other off campus activities. Sometimes this will be on foot, at other times students will travel in staff members' vehicles. At all times students will be appropriately supervised. For advanced planned excursions and other activities or where travel by vehicle over longer distances, a separate notice and permission slip will be provided to parents/carers.

I give permission

I do not give permission

for my child to participate in incidental excursions and learning activities off campus and which may include travel in staff members' vehicles from time to time. This permission remains effective until I advise the school otherwise.

Section 6: Publishing Student Information

Novo Education Space may publish information about your child for the purposes of sharing their experiences with other students, informing the school and broader community about the school and student activities and recording student participation in noteworthy projects or community service. This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites including the school website;
- the school's intranet (staff only), blogs and wikis;
- Novo Education Space and WEA Illawarra publications including newsletters, annual school magazine, annual reports, promotional material published in print and electronically including on the Novo Education Space or WEA Illawarra websites;
- Official Novo Education Space and WEA Illawarra social media accounts on networks such as our YouTube, Facebook and Twitter pages.

Parents/carers should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to Publish

I have read the information about publishing student information (above) and

I give permission

I do not give permission

For Novo Education Space/WEA Illawarra to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Section 7: Online Services

Novo Education Space provides students with access to the Internet. Students also have access to a secure learning portal. After logging into their portal, students have access to a personalised email account and online applications such as You Tube, Google Meet, Google Classroom and other online learning and communication platforms. These resources enable students to collaborate with peers, publish online, and securely store their data for access within, or outside of, school. When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Novo Education Space's network.

I give permission

I do not give permission

for my child to have access to online services provided by Novo Education Space. This permission remains effective until I advise the school otherwise.

Section 8: Previous Schooling Verification & Risk Assessment

This section is compulsory

Novo Education Space has a responsibility to assess and manage any risk of harm to its staff and students. This page gives an opportunity to provide information that will help facilitate the smooth transition of the student into our specific school setting, to understand their needs and help formulate any strategies to help meet the student's needs and ensure the safety of this student, other students and our staff. This section also provides us with information to determine whether a student is eligible to undertake courses leading to the Record of School Achievement (RoSA).

This page should be completed by an appropriate person from the school at which you are currently enrolled or were most recently enrolled.

Student Name _____ DOB _____

School Name _____

Dear Colleague

To assist us in determining eligibility and conducting a risk assessment in relation to this student's application for enrolment at Novo Education Space, could you please supply any relevant and available information about this student's prior schooling completion, behaviour or disciplinary history. Should you wish to discuss this student's application please call 4226 1622.

Student NESA Number (if known) _____

School Contact Person _____

Contact Phone Number _____

E-mail Address _____

Did this student complete year 7 and 8? Yes No Don't know

Did this student complete year 9? Yes No Don't know

Did this student complete year 10? Yes No Don't know N/A

Did this student complete year 11? Yes No Don't know N/A

Has this student been suspended/expelled for violence, threats of violence or possession on school premises of a weapon or implement used or intended to cause harm? Yes No

Does this student have a documented history of violence or use of alcohol or other drugs (illicit or legal in a manner not prescribed)? Yes No

To your knowledge, is there anything in the student's history or circumstances which might pose a risk of any type to this student, other students, or staff at Novo Education Space? Yes No

Please provide details or other comments

Signature of Contact Person _____

Section 9: Consent and Signatures

I have provided information about the learning and support needs, including health condition(s) and/or special needs and/or history relevant to a risk assessment, related to the student listed in Section 1 of this application form. I understand that the information I have provided in this Application for Enrolment Form is necessary for Novo Education Space to determine the applicant's eligibility for enrolment in the school. The information will be used for the purpose of making a decision regarding enrolment and if accepted into Novo Education Space, to support the applicant's ongoing enrolment at Novo Education Space. If I do not provide the requested information, Novo Education Space will not be able to assess the applicant's eligibility for enrolment and may not be able to provide the services the applicant requires at Novo Education Space during the applicant's enrolment.

I understand that all information provided will be collected, used, stored and disclosed in accordance with the *Privacy Act 1988* and Novo Education Space's Privacy Policy. I understand that, should the application for enrolment be unsuccessful, the information will be kept on file for a period of six months and then destroyed.

I consent to Novo Education Space seeking information from previous schools, other NSW Government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named in Section 1 of this application. I consent to Novo Education Space accessing any records regarding the applicant, including health information and treatment plans for medical or health conditions, which may be relevant and required to support the application for enrolment and ongoing enrolment at Novo Education Space, and other relevant information which may impact on the health and safety of this student or other students at the school or staff at the school. The records that may be required include (but are not limited to):

- School records and reports
- Counsellor/School Counsellor reports and assessments
- Behavioural assessments
- Mental health assessments and plans, general health assessments and medical reports
- Department of Communities and Justice reports and/or court orders
- Youth worker/case manager reports

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I have read and understand the information in this application including about the collection of personal information, publishing student information, online services and consent. Where I have given personal information about people other than myself I have done so with their authorisation. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Applicant's Name

Applicant's Signature

Date

Parent/ Guardian/ Carer Name

Parent/ Guardian/ Carer Signature

Date

If applicable:

Referring Service Provider Name

Referring Service Provider Signature

Date

This page has been left blank intentionally

Section 10: Attachments

Please attach all requested supporting documentation. If you do not attach the requested documents, we will not be able to process your application and offer an interview. Please contact the Administration Officer to discuss any difficulties you have in providing the requested information prior to submission of your form.

| Item | Attached | |
|---|----------|----|
| | Yes | No |
| Copy of birth certificate/passport or other document proving your identity and age - Essential | | |
| Copy of passport and visa, or citizenship certificate – Essential if born overseas | | |
| Copy of most recent school reports – Essential | | |
| Year 9 NAPLAN test results (if applicable) | | |
| Medical/Disability reports or previous school learning plans (Essential if you ticked a box in the <i>Student Learning Support, Disability and Medical Details</i> section) | | |
| Letter of support (from ongoing service provider or referral worker, optional) | | |
| Photocopy of Medicare Card | | |
| Copy of student's Immunisation Record | | |
| Other attachments (please detail) | | |

| | | | |
|--|------------------------------|-----------------------------|--|
| Section 7: OFFICE USE ONLY (attach this page to front of student application when received) | | Date received: | |
| Student Name: | | Year level applying for: | |
| | | Campus | |
| Interview Date: | | Interview Time: | |
| People in attendance at interview: <ul style="list-style-type: none"> <input type="checkbox"/> Novo Education Space Staff _____ <input type="checkbox"/> Student <input type="checkbox"/> Student's Parent/Guardian/Carer <input type="checkbox"/> Student's Support Person <input type="checkbox"/> Other: | | | |
| Enrolment Accepted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, outline reasons for acceptance being denied and attach | | | |
| Date student notified | Phone: | Letter: | |
| Student Acceptance of Offer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Date Student Starter Pack Sent | | | |
| Official Date of Enrolment | | | |
| Campus Allocated | | | |