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| **Student information form for attendance on Operation Newstart Enhance Program** | **Operation Newstart Program**  **Northern Metropolitan Region**  **7 Stanley Street**  **Collingwood Vic 3066**  **Tel: 03 9419 0369 Fax: 03 9416 4005 Mobile: 0438 043103** |

# STUDENT DETAILS

Surname: ……….…………………….Given Names ……………….………………………… Sex & Pronouns: ………………………

Address: ……………………..………… Suburb: ……………………………….. Post Code: ………… Ph: …………….……..

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Student email............................................................................Parent/carer email......................................................................................

Student lives with Parent/Guardian/Carer. State name: …………………………………………………………………….………....

Date of birth: ……………… Age: ……….. Country of birth:…………….………….. Date arrived in Australia: …………………....

Date first Australian school: ………………... Previous school attended: ………………………………………………………………...

Other schools: ……………………………………………………………………………………………………………………………...

# EDUCATIONAL & BEHAVIOURAL DETAILS

Does the student have difficulty in any of the following areas? Does the student exhibit any of the following behaviours?

Reading:…………………..Yes/No Not fitting in:…………………. Yes/No

Writing:………………..… Yes/No Distracting other students:……. Yes/No

Spelling………………….. Yes/No Bullying others: ………………..Yes/No

Maths:…………………… Yes/No Fighting: Bad temper/anger:…. Yes/No

Concentration:…………... Yes/No Racism/harassment:…………… Yes/No

Keeping up with work:….. Yes/No Other: ……………………………………..…………………..

Following instructions:….. Yes/No Mental Health Concerns

Other: ………………………………………………………….. Anxiety…....................................Yes/No

Depression...................................Yes/No

Hobbies, interests, skills, abilities: ………………………… Self Harm.................................... Yes/No

What goals does the student wish to achieve? ………………………………………………………………………………………...

Has the student had an educational assessment Y/N.

If so, by whom: ………………………………………………………………………………………………………………………..

Where: ……………………………………………………………………… When: ………………………………………………...

Has the student had a psychological assessment Y/N.

If so, by whom: ………………………………………………………………………………………………………………………..

Where: …………………………………………………………………….... When: ………………………………………………...

Has the student had any past/current convictions, police warnings, bonds? Y/N

Please give details: …………………………………………………………………………………………………………………….

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# FAMILY DETAILS

Is the student in receipt of Education Maintenance Allowance (EMA) Y/N. Is the student in receipt of Austudy Y/N.

Is the student a Koori/Torres Strait Islander Y/N.

Is the student English speaking Y/N.

What is the main language spoken at home? ………………………………………………………………………………………….…

Correspondence should be addressed to: ……………………………………………………………………………………….………..

Are there any custody restrictions applicable to the student Y/N. If yes, please supply details and documents to the school.

Who is the legal signatory? ………………………………………………………………………………………………………………

**PARENT/GUARDIAN 1 DETAILS**

Surname: ……………………………………………………….. Given Name: ……………………… D.O.B………………….

Residential Address:.…………………………………….………Suburb:……………………….……………….…Post Code:…………

Relationship to student: …………………………………………Country of birth: ………………………………………….….……….

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Parent/guardian speaks/reads English Y/N. Language usually spoken by parent/guardian: ………………………….………

Occupation: ……………………… Employer’s business name: ….….…………………………. Can you be contacted at work Y/N.

Home phone no: ………………………….. Work phone no: ……………………………… Mobile: …………….……………………

# PARENT/GUARDIAN 2 DETAILS

Surname: ……………………………………………………….. Given Name: …………………………. D.O.B…………………

Residential Address:.…………………………………….………Suburb:……………………….……………….…Post Code:…………

Relationship to student: …………………………………………Country of birth: …………………………………………..……….….

Parent/guardian speaks/reads English Y/N. Language usually spoken by parent/guardian: ……………………….……….…

Occupation: ……………………… Employer’s business name: ….….……………………..……. Can you be contacted at work Y/N.

Home phone: ……………………..…….. Work phone: ………………………..……… Mobile: …………….……………….…….…

**Operation Newstart**

**Student Information Form – Page 3**

1. I authorise the teacher/s in charge, in the event of illness or injury to my child whilst at school, on an excursion, or travelling to and from school, where it is impractical to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and operations.

1. **I agree** **to disclose** all relevant past and present medical/psychological/educational information and drug history to the Operation Newstart Staff.

1. **I accept and understand** that if my child/student damages Operation Newstart property or the property of others, I may be expected to reimburse for the cost of repairs.

1. Privacy Notice:

So that Operation Newstart (Department of Education & Early Childhood Development and Victoria Police) can collect details regarding reference of students for places we ask for information about the student and their parents/guardians. All information we collect about individual students and their parents/guardians will be kept confidential and only used for the purpose of data collation of placement. If you have any concerns about the privacy of the information we are asking from you or if you would like access to the information we hold about your student please call the Operation Newstart Office ph: 9419 0369

1. **I give consent** for Operation Newstart Staff to contact other professionals and agencies (i.e.- General Practitioner, Schools, counsellors, psychologists, psychiatrists, and/or other agencies) in relation to the students wellbeing concerns where and when deemed necessary by staff.

Consent:

I have read sections A, B, C, D & E and both understand and accept the conditions of enrolment.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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