



ASPIRE - LEARN - ACHIEVE

Bentley Park College

McLaughlin Road Bentley Park QLD 4869

PO Box 289 Edmonton QLD 4869

Phone 07 4040 8111 Fax 07 4040 8100

Email info@bentleyparkcollege.eq.edu.au

Web www.bentleyparkcollege.eq.edu.au

ABN 60 185 065 962

3 March 2023

Dear Parents and Carers

On Wednesday and Thursday afternoons from 3.00 pm to 4.45 pm, Secondary students are invited to attend the BPC Study Centre in the JP Library. The goal of the Study Centre is to assist students to reach a higher level of educational attainment, and hence gain a better quality of life for themselves and their families.

Study Centre begins in Week 6 of Term 1, Wednesday and Thursday 1 and 2 March, and will run between Weeks 2 and Weeks 9 of Terms 2-4.

If you wish for your student to participate, please read all the information following then complete and return the Activity Consent Form on Pages 3 and 4.

Students are to follow the *Student Code of Conduct* at all times at school and while representing the College in the community. For activities with an extra charge please refer to our *Refund Policy*, if required. **This is a curriculum activity and not subject to the Representative Eligibility Policy.**

Activity Details: BPC Study Centre (keep this page for reference)	
Year level/class/group:	Secondary students (Years 7-12)
Day/Date/Time:	Wednesdays and Thursdays, 3.00 pm to 4.45 pm Commences Week 6 of Term 1; then Weeks 2-9 of Terms 2-4
Cost:	Free
Cut-off date for return of payment and/or forms:	This form covers student consent for the whole of 2023. Please return to the College Administration Office.
Staff member in charge and supervision arrangements:	Belinda Wheatland, Teacher Aide
Venue:	John Porter Library, Secondary Sector
Transportation:	N/A
Accommodation:	N/A
Wear:	School uniform
Bring:	Learning equipment, water bottle
For students with disability:	Reasonable adjustments made, specialised or additional support provided as required.
Risk level of activity:	low
Risk Management Strategies: Supervision and first aid trained staff	
Students will participate in these activities:	
<ul style="list-style-type: none"> • Homework as set by classroom teachers • Assessment tasks • Exam study 	



Curriculum activity:

There are no academic requirements, with the only admission criterion being that students must be willing to work.

Additional Medical Information:

Current student medical details are held on OneSchool based on parent/carer information given at enrolment. If there have been any changes to your child's medical details/status since enrolment, the section on the Activity Consent Form following MUST be completed. These details will be updated on OneSchool prior to the commencement of this activity.

If you wish for your student to participate in this activity, please action the following:

- ✓ Complete the Activity Consent Form on Pages 3 and 4, providing any additional medical information if required, as well as your emergency contact details.
- ✓ Return Activity Consent form to the relevant Administration office before activity date.
- ✓ Retain this page for your information.

Late or incomplete paperwork will not be accepted.

For further information about the activity, please contact Stuart Edwards, Head of School Secondary, Ph: 4040 8111.

Yours sincerely



Stuart Edwards
Head of School Secondary

Student Name:	
Form Class/Class:	
Activity Consent Form: BPC Study Centre (complete page overleaf and return)	
Year level/class/group:	Secondary students (Years 7-12)
Day/Date/Time:	Wednesdays and Thursdays, 3.00 pm to 4.45 pm Commences Week 6 of Term 1; then Weeks 2-9 of Terms 2-4
Cost:	Free
Cut-off date for return of payment and/or forms:	This form covers student consent for the whole of 2023. Please return to the College Administration Office.
Staff member in charge and supervision arrangements:	Belinda Wheatland, Teacher Aide
Venue:	John Porter Library, Secondary Sector
Transportation:	N/A
Accommodation:	N/A
Wear:	School uniform
Bring:	Learning equipment, water bottle
For students with disability:	Reasonable adjustments made, specialised or additional support provided as required.
Risk level of activity:	low
Risk Management Strategies: Supervision and first aid trained staff	
Students will participate in these activities:	
<ul style="list-style-type: none"> • Homework as set by classroom teachers • Assessment tasks • Exam study 	

Privacy Notice:
The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).
The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Please ensure you read and sign the Consent section overleaf.

Activity Risks and Insurance:

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs, are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Activity Consent:

By signing this Activity Consent Form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the Department of Education and Training does not have personal accident insurance cover for students
- I give consent for my student to participate in this activity
- I will pay to the school the costs detailed above for my child's participation in the activity
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Please rate your child's swimming ability by circling one of the following (if relevant to activity):

Above Average**Average****Below Average**

Parent/ Carer/ Student*	Name:		
	Phone number:		
	Second phone number:		
	Email address:		
	Signature:		Date:

I would like these updated phone and email contact details to be recorded in OneSchool records (please tick if relevant)

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Additional medical information:

The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

I would like this additional information about my child's medical information to be recorded in OneSchool records (please tick if relevant).

You may also wish to provide the following information*:

Name of child's medical practitioner: _____ Telephone No: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.