



Department
of Education



Statewide Vision Resource Centre
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SVRC Support Skills Program Student Registration Form

Our Support Skills Program is a specialised educational program for groups of eligible students from year 4 to year 10. Students attend once or twice per term for a full day of timetabled, individualised or small group instruction focused around the Expanded Core Curriculum for students with vision impairments.

The Support Skills Program provides a positive learning environment, which promotes inclusion while acknowledging the unique needs and learning styles of students who are blind or have low vision. It provides an opportunity for students to come together in positive association to learn, share and grow academically, socially and emotionally.

The Support Skills Program does not seek to replace the role of the visiting teacher or local school, but rather to enhance and build on specific needs not easily addressed in the local school setting.

The program runs on Fridays during school terms. Teachers and other specialist staff are drawn from the Statewide Vision Resource Centre and external agencies including Guide Dogs Victoria and Vision Australia. Feedback from staff is provided to families, visiting teachers and schools after each session.

The purpose of this form is to

Obtain information and consent for your child to attend the Support Skills Program at the Statewide Vision Resource Centre in 2024. If possible, please complete this form digitally.

Student details

Last name First Name(s)
Date of Birth Gender: Female Male Other
Suburb

Parent/Guardian/Carer Contact Details

Last name First name
Telephone (M)
Email
Relationship to child

Other Emergency Contact Details

Last name First name
Telephone (M)
Email
Relationship to child

School details

School name
Year Level 2024
Contact Person Email

Visiting Teacher/ Learning Consultant

Name
Email

Student Information

Vision Impairment

Visual Acuities Right Eye Left Eye Both

Additional Disabilities/Medical Issues

Reading Medium Braille Print Print Size

Musical Instruments played (if any)

Technology Used

Attendance Preference in 2024

Once a term onsite Twice a term onsite Online Hybrid (online and onsite)

Subject priorities

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SVRC Support Skills Program - Confidential Medical and Access Information for Programs and Excursions

The SVRC will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the Excursion/Support Skills Program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion Program Name: Statewide Vision Resource Centre Support Skills Program - 2024

Dates: 4th February 2024 to 20th December 2024

Student's Full Name:

Court Orders and other care arrangements

Is there an intervention order, parenting order or any other court order impacting the student

Yes No

If Yes, please complete the following questions and **present a current copy of the document to Marion Blaze**

Court Order or other access document type:

Family Law Order / Parenting Order Parenting Plan / Agreement
Intervention Order Child Protection Order DFFH Authorisation Other

End Date: (if applicable) (dd/mm/yyyy)

Please provide further details of the Court Order or other access document, and any other safety concerns:

Ambulance Subscriber Yes No **Subscription Number:**

Please tick if your child suffers any of the following:

Asthma (if ticked complete Asthma Management Plan)

Fits of any type (if ticked complete Epilepsy Management Plan)

Anaphylaxis (if ticked complete Anaphylaxis Management Plan)

Diabetes (if ticked please ask for a Diabetes Management Plan to be completed)

Acquired brain injury (if ticked please ask for an ABI Management Plan to be completed)

Cancer (if ticked please ask for a Cancer Management Plan to be completed)

Cystic fibrosis (if ticked please ask for a Cystic fibrosis Management Plan to be completed)

Incontinence (if ticked please ask for a Continence Management Plan to be completed)

A physical condition requiring assistance (if ticked please ask for a Support for Transfer and Positioning Management Plan to be completed)

Other:

SVRC Support Skills Program - Confidential Medical and Access Information for Programs and Excursions

Allergies/Intolerances

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs:

Foods:

Other allergies:

What special care is recommended for these allergies

Year of last tetanus immunisation:

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No

If yes, please list:

Does your child need to take medication during school hours? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher in charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher in charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher in charge and yourself.

Medical Consent

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first aid as the teacher in charge judges to be reasonably necessary.

Name of Parent/Carer:

Signature of Parent/Carer:

Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the **school council**

SVRC Support Skills Program Student Consent Form

I, _____ (insert parent/carer name)
being the parent/carer of _____ (insert student name)
who attends _____ (insert name of school)
give consent for my child to participate in the Statewide Vision Resource Centre's Support Skills Program, 2024.

Travel and transport

I understand that as part of the Support Skills Program held at the Statewide Vision Resource Centre in 2024, my child may be participating in Orientation and Mobility and other sessions in areas other than the buildings and grounds of the Statewide Vision Resource Centre and Heatherwood School. This may include:

- on foot in streets within and around the Donvale area
- public transport within the Melbourne Metropolitan area
- minibus transport to other sites such as community recreation locations

Files and Information

In accordance with the current Department of Education Privacy Policies, Guidelines and Procedures:

- I give permission for staff of the Statewide Vision Resource Centre to create and maintain a file with relevant information regarding my child, and to share the relevant information by sending reports and feedback to me, my child's school and/or visiting teacher.
- I give permission for the Statewide Vision Resource Centre to exchange information to staff of partner organisations where relevant whilst my child is attending the SVRC Support Skills Program:
Guide Dogs Victoria, Vision Australia
- I give permission for relevant organisations, as indicated above, to create and maintain an agency file for the purposes of retaining any relevant information required in order to provide appropriate services to my child whilst they are attending the SVRC Support Skills Program.
- I give permission for Statewide Vision Resource Centre staff to create and maintain a Typing Club account for my child and customise it for their level of vision.

Valuables

- I understand that computers, phones, cash and other valuables which are brought to the SVRC Support Skills Program are the student's responsibility and are only to be brought to the program at their own risk.

Behaviour and Illness

- I agree to meet the expense of my child being returned to home from the SVRC Support Skills Program. I understand that such an arrangement may be due to illness, injury or in the opinion of the teacher in charge there is non co operation of any description by my child.

SVRC Support Skills Program Student Consent Form

Changes to Student Information during the year

- I will ensure that staff of the Statewide Vision Resource Centre are notified in writing of relevant changes in my child's vision or health that take place during the year.
- I will forward a copy of ophthalmological reports to Statewide Vision Resource Centre.

Photography and Filming

- I give consent to SVRC staff to use and reproduce photographic/video/film/digital image of my child for education, display and/or promotional purposes. This can include reproduction in the VRC newsletter (The Bulletin), inclusion on the SVRC website, and demonstration during professional learning programs etc.

Please list any exclusions or comments

Signature:

Date:

SVRC Support Skills Program Behaviour Contract 2024

The Student:

To ensure the well-being of all participants involved in the Statewide Vision Resource Centre's Support Skills Program, I hereby state that I am aware of my responsibilities to ensure the smooth conduct of the program and will take no action which could affect the happiness, well-being, safety or learning of any other person involved in the program.

In particular, I am aware that misbehaviour could lead to my time on the program ending and my return home at my parent's expense.

- Misbehaviour is defined as not following the directions of the staff.
- Misbehaviour is any behaviour which threatens the safety or well-being of either myself or other SVRC Support Skills Program participants.
- Misbehaviour includes fighting with anyone, or deliberately using words that have the effect of verbal abuse or intimidation.
- Misbehaviour also includes the misuse of equipment, computers, computer systems, networks, internet and email services.

Mobile Phones

I will follow Department of Education mobile phone policy for all government schools. The policy means phones brought to school must be switched off and stored securely during the school day. An exception will be when the mobile phone is essential in classroom learning.

Student Signature:

Date:

Student Name:

The Parent/Carer

I hereby state that I have discussed the above points with my child, noting the possible consequences of poor behaviour and realise that for the well-being of all concerned, it may be necessary for my child to return home and that Statewide Vision Resource Centre will not be responsible for any costs involved. I recognise that the inclusion of my child in this program is dependent upon the signing of this Behaviour Contract.

Parent/Carer Signature:

Date:

Parent/Carer Name:

Digital Learning Policy

I have read and agree to the [Digital Learning Policy](#) that can be found on the SVRC website. I agree to follow the policy and understand that my access to computers and mobile technology at school will be renegotiated if I do not act responsibly.

Student Name:

Student Signature:

Parent/Guardian Permission

I have discussed responsible use of digital technology and the Internet with my child. I agree to allow my child to use the Internet while at SVRC Support Skills Program. I will contact SSP if I have any concerns.

Parent/Carer Signature:

Date: