



*Inclusion. Respect. Effort. Resilience.*

**Student name:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

# Year 7 Enrolment Information Pack

When completed please return to  
Katherine High School Front Office, Grevillea Road  
PO Box 189, Katherine NT 0850

OR

Email: [admin.kathehs@ntschoos.net](mailto:admin.kathehs@ntschoos.net)

Telephone: (08)89738200

# Enrolment checklist



KATHERINE  
HIGH SCHOOL

To be completed by Parents or Caregivers

Student Name .....

Previous School.....

Current Grade      Yr 6      Yr7      Yr8      Yr9      Yr10      Yr11      Yr12

## KHS Enrolment forms

- Internet / ICT agreement
- Consent to Release NTCET Information Consent from – Media Release
- Library Membership form
- Copy of most recent school reports
- Proof of identity (Birth certificate) / Immunisation History
- Interstate transfer form and most recent NAPLAN (If transferring from interstate)
- Medical Health care plan (If student has any know medical conditions that need treatment)

*Inclusion. Respect. Effort. Resilience.*



Office use only			
Student UPN: (please use Student Master Index)			
Year:			
Form:			
Anticipated start date:			
Enrolment status:	Full-time	Part-time	FTE:

# Student Enrolment Form

## Information and Privacy

The Department of Education is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*.

The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

**If you need help completing this form, including translation services, please contact your school.**

School name:			
Has the student ever attended an NT school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What was the last school the student attended?	School name:		
	State/Territory:	Country: (if not Australia)	
	Year/grade/level attained:	Date of leaving: / /	
Is this student residing in the NT due to a Defence Force posting?	Yes	No	
Proof of identity attached (e.g. birth certificate, passport)	Yes	No	

Section 1 Student Details		
Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tribal grouping/clan name: (if applicable)		
Skin name: (if applicable)		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:

<b>Senior secondary students only</b>	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	<input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian).

<b>Section 2 Additional Student Information</b>	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: _____
Is the student an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	_____ <input type="checkbox"/> Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____

**Section 3 Special Family Circumstances**

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached?  Yes  No

**Section 4 Parent/Guardian Information**

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive reports etc*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

\*Tick all boxes that apply

**Section 5 Parent/Guardian Background Information**

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?  
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>

What is the **highest** year of primary or secondary school the parent/guardian has completed?  
For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below

What is the level of the **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Bachelor degree or above Advanced <input type="checkbox"/> diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above Advanced <input type="checkbox"/> diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

What is the occupation group of the parent/guardian?  
Please select the appropriate parental occupation group below (for more details refer to Appendix 2).  
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.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months  <input type="checkbox"/>	<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months  <input type="checkbox"/>

<b>Section 6 Sibling Information</b>			
Does the student have any brothers or sisters at this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below		
	Sibling's given names	Surname	Date of birth
			/ /
			/ /
			/ /

<b>Section 7 Additional Emergency Contacts</b>		
For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.		
	<b>Contact 1</b>	<b>Contact 2</b>
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

<b>Section 8 Medical Details and Consent</b>		
Does your child suffer from any of the following? (Tick all the boxes that apply)		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizure disorder (e.g. epilepsy)	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Intellectual/learning impairment (e.g. dyslexia)
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Mental health or behaviour issue (e.g. depression, ADHD)	
<input type="checkbox"/> Other, please specify: _____		
If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).		



**NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.**

<input type="checkbox"/> Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms)	
Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to my primary school child having a dental examination (if applicable).  Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments.  More information available on website <a href="http://www.health.nt.gov.au/oral_health">www.health.nt.gov.au/oral_health</a> NB: Eligibility for public oral health services is restricted to defined client groups and excludes some visa subclass numbers. Information regarding eligibility can be found at <a href="http://www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx">www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section 9 Additional Consents</b>				
<b>Consent for publication of a student's Photo and Work</b>				
DoE may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.				
Please provide consent for the following:				
	<b>Use of Student Photograph</b>	<b>Use of Work by Student</b>	<b>Publishing Student First Name</b>	<b>Publishing Student Surname</b>
<b>School/College Newsletter</b>	<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
<b>School/College Yearbook</b>	<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
<b>School/College/Department Website</b>	<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

\* Consent for all other media usage should be sought as and when required.



<p><b>Consent for library use</b>  I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries.</p> <p>School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>Consent for attending religious instruction</b>  I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend:</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.**

Name of parent/guardian/independent student enrolling the student and providing consents:

\_\_\_\_\_

(Please print)

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:    /    /

Name of school witness: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date:    /    /

## APPENDIX 1 Privacy Statement

For more information regarding the Department of Education (DoE) obligations in relation to protecting your privacy, visit <http://www.education.nt.gov.au/about-us/foi> or contact a DoE Information Officer on (08) 8901 4907. We need enrolment details for the following purposes:

### Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
  - the determination of the number of school aged children in a region, allowing DoE to plan resourcing for schools;
  - to assist in the provision of transport to and from schools;
  - to determine whether all school-aged children are enrolled in an educational facility as required by the *NT Education Act*;
  - any requirements under relevant laws of either the Northern Territory or Australian Government; and
  - students' names and demographic information may be verified against health records.

### Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

### Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

### Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

### Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/guardians. The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DoE Medications Policy.

**Access to Your Child's Record Held by the School** In most circumstances you are able to access your child's records. Please contact the Principal to do so. If you have any concerns about the privacy of this information please contact the Principal.

## APPENDIX 2

### List of Parent or Guardian Occupation Groups

#### Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

**Senior executives/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 a 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]

#### Group 2

Other business managers, arts/media/ sportspersons and associate professionals

**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

#### Group 3

Tradesmen/ women, clerks and skilled office, sales and service staff

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.

**Clerks** [bookkeeper, bank clerk/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 desk, admissions clerk]

#### Skills office, sales and service staff

**Office** [secretary, personal assistant, desktop publishing operator, switchboard]

**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]

#### Group 4

Machine operators, hospitality staff, assistants, labourers and related workers

**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 staff** [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 are 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]



## ICT Acceptable Use Agreement for Students

The following agreement covers the student's use of Internet, intranet, portal, network and email.

Katherine High School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities for educational use. Students may use these facilities for class work, research, the preparation of assignments and communication. The resources provided include computers and peripherals, access to network resources, e-mail, the NT DoE Educational Portal and the Internet. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal. Students and parents should carefully read the conditions below. To have access to the school's ICT resources, students must agree to abide by the school's Acceptable Use Agreement.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Software copyright is to be observed at all times. It is illegal to copy or distribute school software. Illegal software from other sources is not to be copied to or installed on the school equipment.
3. Copyright of materials from electronic resources is to be observed at all times.
4. Students must follow the rules posted for the use and care of the computer equipment at all times.
5. Students using the ICT facilities may only do so under the supervision of school staff. Any students not following staff instructions may have further access restricted or denied.
6. Privacy and network security is to be observed. Students must not under any circumstances access personal files belonging to others, software or areas of the network which are not designated for their use.
7. The sharing of passwords is a security risk consequently students must not give their password to other students or log in with another users name under any circumstances.
8. All users must log off when leaving a computer.
9. There should be no disruption to class activities by unauthorised broadcast messages across the school network.
10. Virus protection is very important. If students use USB to transfer work between the school network computers and computers outside the network, they must be scanned for viruses prior to use on the school network. Virus checking software will be made available on the school computers for this purpose.
11. Printing of materials of a personal nature or unassociated with school activities is not permitted unless approval is sought from a school staff member. This may incur a charge.
12. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:
  - D Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted. Only materials required for school activities as directed by teachers may be downloaded. This includes downloading of MP3's, MPEG's and other large files. If students should unknowingly navigate to a web site that contains material that may be considered offensive, they must clear the screen immediately and notify the teacher.
  - D Students must not use inappropriate language or harass others when communicating online.
  - D Privacy and ownership of others' work and materials from web sites must be respected at all times.
  - D The use of direct communications such as on-line chat facilities must only be carried out under the supervision of a staff member and must only be as part of educational on-line activities.
  - D This agreement acknowledges that there are times where a student may be required to provide personal details. Such details are not to be provided by the student unless permission is given by a teacher.



Note: Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student (s) involved and result in discipline by school administration.

**By signing this agreement and using the equipment and resources of Katherine High School, the student agrees to abide by these conditions.**

**Parent:**

I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child, copies of which can be obtained from the school upon request.

I understand that my child may be accessing the Internet for educational purposes or in accordance with this Agreement.

I understand that any use of facilities contrary to this Agreement, or generally, will be treated as a breach of school discipline and shall be dealt with accordingly.

The school reserves the right to vary the terms of this Agreement to accommodate unforeseen circumstances relating to the use of facilities by students. Variations shall be in writing signed by the school Principal, and shall be distributed to students and shall take effect accordingly.

Please Print (Parent / Guardian) Name: \_\_\_\_\_

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

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

**Student:**

I understand the conditions outlined in the school's Acceptable Use Agreement. I have had this document explained to me and I am fully aware of my responsibilities with regard to the use of ICT facilities in the school.

Please Print (Student) Name: \_\_\_\_\_

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

Agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_



## **General consent for the use of in all Media Student Visual (Includes Photographs), Recordings & Work**

Due to the legislative changes to the Information Act 2003, permission is required for visual/audio recordings to be taken and used for school publicity purposes and for student work to be displayed. Katherine High School is collecting the information in this form to obtain permission to use visual and/or audio recordings & student work in Katherine High School advertising, documents and promotional materials.

This consent is valid for the term of your child's enrolment at the school, or until it is rescinded. This consent can be withdrawn at any time by contacting the principal in writing. This information will not be used for any other purpose than that stated.

For more information please contact Katherine High School: tel +61 8 8973 8200,  
email:admin.kathehs@ntschoools.net.

### **Consent to use student visual, audio recordings & work in the school & NT Government publications**

The school may use visual, audio recordings of students and/or their work in school publications such as the schools magazine, newsletter, promotional brochures and the newspapers. Use of visual, audio recordings and displaying students' work would typically be in connection with an achievement, such as becoming a member of the student executive, a sports team captain; winning awards and school-based competitions or participation in activities such as NT School Sport, music, drama, excursions and co- curricular programs.

Do you consent to the use of your child's visual & audio recordings in school print publications?

YES  NO

Do you consent to the use of your child's work in school print publications?

YES  NO

### **Consent to use student visual, audio recordings & work on the school website & social media (Includes Facebook, Instagram)**

On the school website & social media there are images of students where a student is identified only by their first name, team or class name. Parents/guardians would be contacted and asked to give additional consent for individual photographs and the student's full name, if required.

Do you consent to the use of your child's visual & audio on the school's website or social media?

YES  NO

Do you consent to the use of your child's work on the school's website or social media?

YES  NO

### **Consent to use student photograph or work for external display or event promotion.**

Visual and/or audio recordings & student work, or other personal information (first names) may be supplied to 3rd party providers in promotion of 3rd party events and publications. Typically be in connection with 3rd party providers undertaking student workshops, excursion or exhibitions. These may be via social media, website or publication in print form.



Do you consent to the use of your child's visual & audio for external 3rd party display or event promotion?

YES  NO

Do you consent to the use of your child's work for external 3rd party display or event promotion?

YES  NO

Wherever possible, Katherine High School will remain sensitive to and understanding of cultural, family and personal sensitivities.

**Are you of Aboriginal or Torres Strait Islander descent?**

YES  NO

Any special restrictions or conditions:

Note: Consent to display or publish your child's work does not mean your child loses their rights over their work, simply that the school has permission to use the work for the purposes mentioned.

Please read this form carefully before completing and signing.

**Signed by the parent/guardian:**

Name: (please print) \_\_\_\_\_

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

**Signed by the student:**

Name: (Please Print) \_\_\_\_\_

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

**Katherine High School Witness**

Name: (Please Print) \_\_\_\_\_

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





## Katherine High School Library Membership Form

Membership category:  Student  Teaching Staff  Non-Teaching Staff

### Student or Staff member details

<u>Title</u>	<u>First and Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (Must be in NT): Residential

(Home) address:

Home phone:  Mobile phone:

Email address:

Preferred method of contact for reservation & overdue notifications:  Email  Letter

### Parent or Guardian to complete for students under 18 years

Relationship

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Relationship</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Consent

According to the NT Information Act, we require your consent to securely store your personal data outside of the Territory for the purposes of library business only.

I authorise permission for personal data for the library Patron:

1. to be stored outside the Northern Territory and, where required, Australia
2. to be stored securely; and
3. for the purposes of library business only, in accordance with the Information Act and Information Privacy Principles for the collection and handling of personal information.

I agree to abide by the Katherine High School Library Terms & Conditions.

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

**Privacy Statement:** The Katherine High School will only collect personal information that is necessary for its functions and activities. When personal information is collected all reasonable steps will be taken to ensure that the individual is aware of what information we want, for what purpose, whether any law requires us to collect it, and the consequences, if any, of not providing the information.

#### Office Use Only

Patron account created: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

*Staff: Document to be stored in Student/Staff Record file once processed*

## Nationally Recognised Training Programs

All students participating in Nationally Recognised Training in Australia must have a Unique Student Identifier (USI). This includes students completing VET (TAFE), Short Courses (First Aid, Life Saving, Working at Heights etc.) and university.

We are asking all students in Years 10, 11 and 12 to obtain a USI in order to commence VET and other short courses that may become available while they are enrolled at Katherine High School.

Student Name \_\_\_\_\_

USI \_\_\_\_\_

OR

If your student does not have a USI, Katherine will support them to obtain this and require the following information

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Medicare Card Details

- Colour of Card \_\_\_\_\_
- Card Number \_\_\_\_\_
- Number next to persons name \_\_\_\_\_
- Expiry Date \_\_\_/\_\_\_/\_\_\_\_\_

Birthplace

- Town \_\_\_\_\_
- State/Territory \_\_\_\_\_

I give permission for Katherine High School to use the above information to create a USI for my student.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

## Responsible Use: Policy - Mobile Phones

The school acknowledges that guardians/parents provide mobile phones to their children for safety and organisational reasons. To support responsible use, students are required to use their phones in accordance with the following conditions:

- Students are permitted to use their mobile phones before school, at breaks and after school (whether for calls, texts or as iPods). Parents and students should be aware that lost, damaged or stolen phones are not the responsibility of the school. This includes any phones held at reception.
- Students are not allowed to use, or have mobile phones/devices turned on in class time unless permitted by the classroom teacher. They must remain in the student's bag always. Students must also keep their phones in their bags between classes. Travelling between classes is not considered a break. A staff member can confiscate the phone should a student be using their phone without authorisation and/or not in adherence with this policy.
- Confiscated phones will need to be collected by a parent or carer at the office. Continuous or repeated breaches of the phone policy will result in a phone ban for an allocated period with the student not being able to bring their phone to school.
- Students are not allowed to take photographs or film other students or staff on their phone or another electronic device apart from schoolwork which is assessable. Breaches of this condition will result in immediate suspension.
- Students are not to access social media sites on their phone/device while at school.
- While this policy does not cover student access to social media sites out of school hours, the school will however report these incidents to police if they adversely affect learning and behaviour of students at school.
- Students are not allowed to charge their phones at school.
- The use of mobile phones on excursions and camps will be at the discretion of the teacher in charge. The teacher in charge will instruct students as to when they can use their phones. Phones will predominantly be used for emergency communication and to be able to communicate with their parents/carers and family members. The phone policy and associated consequences still apply in the event of student misuse.

I have read and understand the KHS Mobile Phone policy.

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_

**CLIENT DETAILS**

Family Name:

Given Names:

Also known as

Date of Birth:

Sex     Male     Female

If interpreter required, please specify language:

Indigenous status: Are you of Aboriginal or Torres Strait Islander origin? (For those persons of both Aboriginal & Torres Strait Islander origin, mark both 'yes').

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

**ADDRESS DETAILS**

Residential Address:

Suburb/Community:

State:

Postcode:

Postal Address (if different):

Suburb/Community:

State:

Postcode:

Phone No. (H):

(W):

Mobile:

Email:

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

Name:

Relationship to Client:

Phone No. (H):

(W):

Mobile:

**CLIENT CONSENT AND HEARING RECORD**

I consent to NT Hearing Services performing age appropriate assessments on an ongoing basis.

I give permission for my personal information about any of my assessments to be shared with other health care providers, government agencies and non-government organisations.

I understand I may withdraw consent at any time in writing.

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

Parent/Guardian Name (if client is under 18 years): \_\_\_\_\_

The Department of Health respects your privacy and complies with the *Information Act* and the Information Privacy Principles (IPP's) contained therein.

**OFFICE USE ONLY**

**Client Demographics Updated:**

Date:     /     /20

# Parent/Legal Guardian/Student Consent Authority for Student Wellbeing and Inclusion Program and Services (SWIPS)

Child/Student SURNAME:		Date of Birth <small>Click here to enter a date.</small>	
Child/Student GIVEN NAME:		Age	School year level:
School:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-Specified	
<b>FAMILY DETAILS</b>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> TF Case Manager Name		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> TF Case Manager Name	
Home address <input type="checkbox"/> Primary Residence		Home address <input type="checkbox"/> Primary Residence	
Phone (business hours)	Mobile	Phone (business hours)	Mobile
Email		Email	
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify for whom and which language	Please identify who is signing: Parent/Legal Guardian: <input type="checkbox"/> Mature Minor: <input type="checkbox"/>	
<b>The school should ensure that the student and parents, are supported to understand the role of Student Wellbeing and Inclusion Programs and Services (SWIPS) officers and to record agreement with actions as listed below.</b>			
<b>INFORMED CONSENT</b>			
The school has discussed with me the educational support requirements for my child, and I agree to work with the school to achieve positive learning outcomes for my child.			
I consent to the school sharing relevant personal information about my child with a SWIPS Officers. I understand that the name of this officer will be provided to me.			
I consent to the provision of services to my child by SWIPS, which may include assessment, counselling, observation, advice, in-class support, teaching strategies and ideas, and the development of a plan to meet the needs of my child.			
I consent to SWIPS obtaining medical and educational information from other agencies which is considered relevant to providing services to my child e.g., medical reports, hearing and vision assessments and any other relevant allied health or education reports.			
I agree that any information collected about my child will be accessed and collated as confidential information and placed on a secure electronic database accessible to SWIPS officers only.			
I consent to the use of the collected information about my child for the purposes of compiling a developmental learning profile.			
Parent/ Caregiver Signature:		Date:	
Parent/ Caregiver Name:			
School Team Representative Name:			
School Team Representative Signature:		Date:	
<b>MATURE MINORS – (School Counselling Only)</b>			
Secondary students who are deemed mature minors i.e., have the capacity to give informed consent, may be able to self-refer without parental consent. Informed consent will be assessed by a SWIPS school counsellor and where a student is unable to give informed consent then parent consent must be sought. Best practice is to also obtain parent/caregiver consent.			
I understand that SWIPS School Counsellors provide a voluntary service which requires both my consent and willingness to participate in group/individual sessions. The notes of these confidential sessions are recorded and only accessible to other school counsellors and authorised SWIPS Client Service Officers where necessary.			

I understand that all DOE staff (including School Counsellors) are authorised information sharers and can share information with other authorised information sharers if it relates directly/indirectly to the safety/wellbeing of a student and/or to decision for an, assessment/plan, investigation or provision of a service or function.

**Student Signature:**

**Date:**

**SWIPS School Counsellor statement**

I have taken into consideration the AASW 'working with child clients: consent, confidentiality and child centred practice' in making a professional determination that the student has the maturity and level of understanding to give informed consent without parental consent.

**SWIPS School Counsellor Signature:**

**Date**

Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



# adult diphtheria, tetanus and pertussis (dTpa) vaccination

In the Northern Territory, **all students in Year 7** are eligible to receive the adult diphtheria, tetanus and pertussis (dTpa) vaccine. If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a Health Centre or GP for vaccination. The vaccine is free however, be aware that if visiting a GP you may have to pay a consultation fee. Missed doses of vaccine should be completed before the end of the current school year.

## Information and Consent for Vaccination

### ■ What is diphtheria, tetanus and pertussis?

- **Diphtheria** is spread from person to person by inhaling respiratory secretions from infected people and sometimes by direct contact with discharges from lesions of infected people. The infection can cause obstruction to breathing and damage to the heart and nervous system. It can affect all age groups and about 10% of people with diphtheria will die. Others may have permanent heart damage.
- **Tetanus** causes painful muscle spasms that interrupt breathing and are often fatal. Tetanus spores live in the soil and disease can result from an otherwise trivial wound. In Australia, tetanus is rare and generally occurs in people who have never been vaccinated or who have not received a booster dose of vaccine.
- **Pertussis (Whooping Cough)** is a highly contagious disease that is spread by the respiratory secretions of infected people.

It can be passed between people either by coughing and sneezing or by direct contact with infected mouth and nose secretions such as during kissing or sharing eating utensils. The infection causes severe persistent bouts of coughing that may be followed by dry retching and vomiting. Pneumonia, seizures (fitting) and encephalitis (inflammation of the brain) are complications of pertussis.

### ■ How is the vaccine given?

The vaccine is given as a single injection (needle) into a muscle in the upper arm.

### ■ What about side effects?

Common side effects of the vaccine include tenderness, redness and swelling at the injection site for 1-2 days. Very rarely there is headache, tiredness, muscle pains, and/or fever. Putting a cool wet cloth on the injection site and giving paracetamol (Panadol®) helps to relieve pain and lower temperature. Severe allergic reactions are very rare.



## Student Details

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Other Legal Names (if applicable): \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

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

Medicare No:

Non-Aboriginal  Aboriginal  Aboriginal and Torres Strait Islander  Torres Strait Islander

School: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Any severe reactions to previous vaccines  No  Yes - list \_\_\_\_\_

## Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to a vaccine before
- They have a fever of 38.5°C or above on the day of immunisation
- They are pregnant or could be pregnant.

## Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive the **adult diphtheria, tetanus and pertussis (dTpa) vaccine** and the information being recorded\*. *Tick one box only.*

**YES**  **NO**

Parent / Guardian Name: \_\_\_\_\_ Daytime phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement

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### Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
dTpa # 1			Left	Right	

Reason **not** vaccinated:  Absent  Refused  Unwell  No consent  Missed dose letter sent

**For further information** regarding the School Vaccination Program please contact: Darwin **8922 8044** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**.



Please complete and **return this form** to school, even if you decide not to consent for your child to have the Mantoux skin test at school. It is a legal requirement for consent to be obtained before your child is given a Mantoux skin test and for release of information as discussed below.

# Mantoux Skin Test

## (Tuberculin skin test)

In the Northern Territory students who are either:

- born overseas or
- have a parent who was born overseas

Are offered a Mantoux skin test regardless of whether they have received a BCG vaccination previously, this is a simple and safe procedure to identify if a person has been previously infected with the tuberculosis (TB) germ.

## Information and Consent

### ■ What is TB disease?

Tuberculosis is an infectious disease which usually affects the lungs but can affect other parts of the body. It is spread from person to person through the air by droplet infection. Some people breathe in the TB germs and become sick with TB disease quickly, whereas in others, the TB germs lie dormant, often for many years (latent TB infection), before flaring up and causing a person to become sick later on in life. TB disease is totally curable and can also be prevented when the dormant (latent) stage is identified and treated.

### ■ Why do a Mantoux skin test?

The Mantoux skin test is a simple and safe way to determine whether your child has breathed in TB germs in the past. It is not a vaccine and it doesn't tell us if your child has TB disease.

### ■ How is a Mantoux skin test given?

A small injection is given just under the top layer of skin on the inner forearm.

Any skin reaction (lump) is measured 3 days later (with a range of 2-5 days) and the result recorded.

### ■ What about side effects?

Side effects are uncommon. The site of the injection can get itchy for several days. It is best not to scratch the arm, a cold compress can help relieve any itching.

Some people may develop a sizeable reaction, which may cause some minor discomfort. This swelling should disappear in about 2 weeks.

### ■ What happens after the Mantoux skin test is read?

If the skin lump is below a pre-determined size the result of the test is negative, and no further testing will be needed at this time.

If the skin lump is above a pre-determined size, your child has a positive test and you will receive a referral to the TB Clinic for your child. A positive test **does not** mean your child has TB disease, only that further evaluation (chest X-ray and physical examination) may be necessary. The TB doctor may discuss the possibility of taking medication to prevent further development of TB disease, by treating dormant (latent) TB infection.

**For further information** contact the TB clinic in your region:

Darwin **8922 8044**; Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**.

## Student Details

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Other Legal Names (if applicable): \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Medicare No:

Address: \_\_\_\_\_ Date of Arrival in Australia: \_\_\_ / \_\_\_ / \_\_\_

Country of Birth (Student): \_\_\_\_\_

Parent/Guardian 1 Country of Birth: \_\_\_\_\_ Parent/Guardian 2 Country of Birth: \_\_\_\_\_

Non-Aboriginal  Aboriginal  Aboriginal and Torres Strait Islander  Torres Strait Islander

School: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Any severe reactions to previous vaccines  No  Yes - list \_\_\_\_\_

## Pre-Mantoux skin test checklist

Your consent is required before your child can receive the Mantoux skin test at school. Your child should not have this test if any of the following apply:

- Has had a past history of tuberculosis
- Is known to have had a positive Mantoux skin test result in the past
- Has a fever of 38.5°C or above on the day of the test
- Has had a live vaccine in the previous 4 weeks (i.e. Measles, Chickenpox).

## Consent for Mantoux skin test – For Parent / Guardian to complete

I consent for my child to be given a Mantoux skin test and the information being recorded\*. *Tick one box only.*



**YES**

**NO**

Parent / Guardian Name: \_\_\_\_\_ Daytime phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement:

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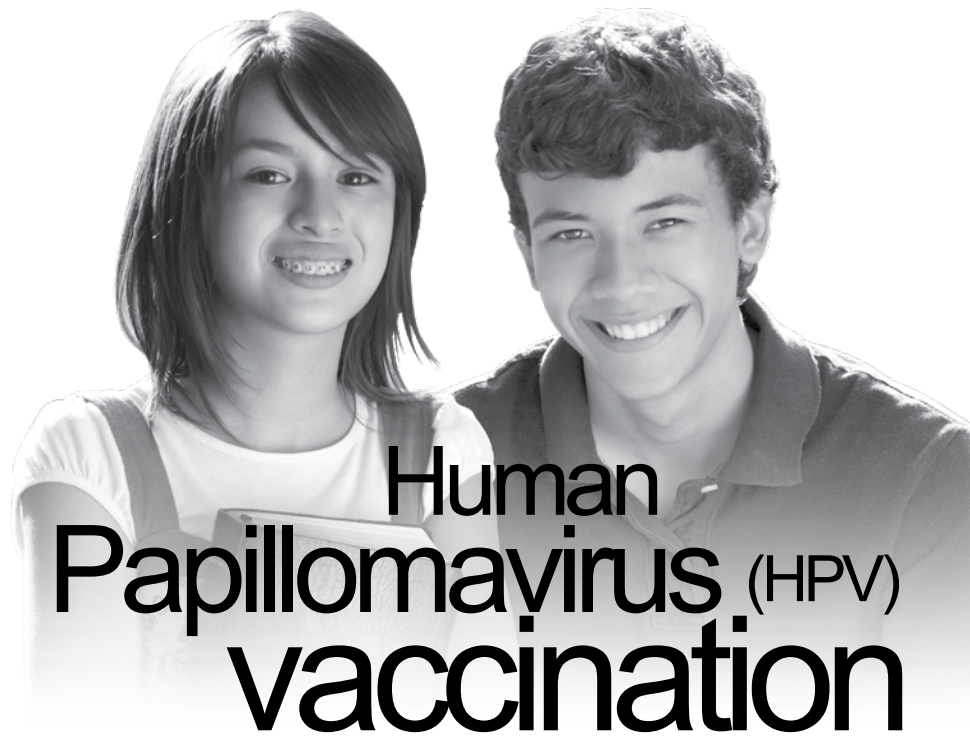
## Office use only

Mantoux PPD Tubersol 5TU / 0.1mL given by: \_\_\_\_\_ Read by: \_\_\_\_\_

Scar Check No. of BCG scars	Test Date			Induration in mm	Vesicles present yes/no	Comments
	given	batch no	read			

Reason **not** tested:  Absent  Refused  Unwell  No consent  Missed test/review letter sent

Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



In the Northern Territory, **all students in Year 7** are eligible to receive Human Papillomavirus vaccines. If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a Health Centre or GP for follow-up vaccination. The vaccines are free however be aware that if visiting a GP you may have to pay a consultation fee. One HPV vaccine is now recommended for all people aged 9-26 years. People who are severely immunocompromised may require 3 doses. Please speak to your school nurse or GP if you think your child may be severely immunocompromised.

## Information and Consent for Vaccination

### ■ What is Human Papillomavirus (HPV)?

HPV is a very common virus in women and men. Most people (4 out of 5) will have it at some point in their lives and never know it. There are many different types of HPV. Some types are harmless, but other types affect the genital area and can cause genital warts and some cancers. HPV is most common in young people in their late teens and early twenties. There is no cure for HPV however a vaccine can now be given to protect females and males against some of the common types of HPV infection that can cause genital warts, cervical cancer and some cancers of the vulva, vagina, penis and anus and head and neck.

### ■ How do people get HPV?

HPV is spread from one person to another during all types of sexual activity involving genital contact. Since HPV usually causes no symptoms, most people get HPV and pass it on without realising it. Most of the time, the body naturally fights off HPV, before it causes any health problems but sometimes HPV infections are not cleared and can cause cancer and disease.

### ■ What about the HPV vaccine?

The HPV vaccine is safe and effective vaccine and helps protect against HPV related cancers and genital warts. Vaccinating both boys and girls will help to reduce the spread of these viruses. The vaccine does not protect against all types of HPV infection and does not protect people already infected with HPV. The vaccine provides the best protection when it is given before a person becomes sexually active. Even if vaccinated against HPV, women will need to continue to have regular cervical screening tests and men should continue to have regular health checks. The vaccine course is one dose only, or 3 doses for an immunocompromised child. Please refer to <http://immunisationhandbook.health.gov.au/>

### ■ What are the possible side effects?

Common side effects are discomfort, redness, pain and swelling at the injection site for 1-2 days. Other symptoms may include headache, fever and nausea. Putting a cool wet cloth on the injection site and giving paracetamol helps to relieve symptoms. Fainting, the most common immediate reaction to any vaccine in older children and teenagers may occur 5-30 minutes following vaccination. Severe allergic reactions are rare.

## Student Details

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Other Legal Names (if applicable): \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Medicare No:

Non-Aboriginal  Aboriginal  Aboriginal and Torres Strait Islander  Torres Strait Islander

School: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Any severe reactions to previous vaccines  No  Yes - list \_\_\_\_\_

## Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to a vaccine before
- They have had a serious allergic reaction to yeast
- They have a fever of 38.5°C or above on the day of immunisation
- They are pregnant or could be pregnant.

## Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive one dose of the **Human Papillomavirus vaccine** and the information recorded\*. *Tick one box only.*

**YES**  **NO**

Parent / Guardian Name: \_\_\_\_\_ Daytime phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement:

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### Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
HPV # 1			Left	Right	

Reason **not** vaccinated:  Absent  Refused  Unwell  No consent  Missed dose letter sent \_\_\_\_\_

**For further information** regarding the School Vaccination Program please contact: Darwin **8922 8044** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**. Visit [www.hpvvaccine.org.au](http://www.hpvvaccine.org.au)