

Thank you for your interest in applying to Gateway Community High. We look forward to meeting you.

Gateway Community High is a new independent high school in Carlingford created to provide opportunities for young people to thrive in an educational setting tailored to support their learning and belonging. At Gateway Community High we are a community of learners where all can **Achieve. Belong. Grow.** We are here to enable young people to reconnect with their education and set a new direction.

We cater for up to 90 young people in Stage 5 (Years 9/10). We are registered and accredited by the NSW Education Standards Authority (NESA) for students to study towards the attainment of their Record of School Achievement (ROSA) and the Higher School Certificate (HSC).

Please be aware that an application does not automatically entitle you to a place. Completing this application form is the first of 5 steps in the enrolment process.

1. Submission of Student Enrolment Application Form
2. In-person interview
3. Initial enrolment offer
4. In person interview during trial period
5. Confirmed enrolment

Places at Gateway Community High are limited – placement will be prioritised to motivated students who will make the most of this unique opportunity to thrive academically, socially and personally within our supportive community of learners.

Having as much information as possible in this application and at the interview stage will help us make a decision regarding your placement. Some of the information you provide is required for legal and statistical purposes. All information will be reviewed, stored and shared in keeping with our commitment to privacy, confidentially and our records management procedures.

Please ensure all sections are filled out and you have supplied **COPIES** of requested documents.
(Please do not attach originals) 📎

A final decision regarding a student's 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 us as we may be able to offer assistance.

Please ensure the Information Collection Checklist on page 9 is completed, that gives us your permission to contact other organisations. This will enable us to gain access to any previous school information or essential records that you may not have been able to access.

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

Post or Hand Deliver to:

PRIVATE & CONFIDENTIAL - APPLICATION
Gateway Community High
263 Marsden Road
Carlingford NSW 2118

Email:

Info@gatewaycommunityhigh.nsw.edu.au

If you have questions, please contact us on Phone (02) 8845 8835

INFORMATION COLLECTION NOTICE

1. Gateway Community High collects personal information, including sensitive information, about students and parents/carers/legal guardians before and during the course of the student's enrolment at Gateway Community High.
2. 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.
3. We collect, use, hold and disclose personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).
4. 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 Gateway Community High complies.
5. The information that we collect is to satisfy legal obligations and enables us to discharge our duty of care.
6. Gateway Community High 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.
7. If we cannot obtain the information referred to above we may be unable to enrol or continue the enrolment of the student.
8. Personal and sensitive information collected by Gateway Community High 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.
9. 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 enrolled students and their parents/carers/legal guardians to indicate if they give consent for the publishing of photographs and videos of students.
10. 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.
11. 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.
12. Parents/carers/legal guardians and students may make a complaint in accordance with our Privacy Policy if they believe we have breached the APPs.
13. A copy of our Privacy Policy is available on request from the school or at www.gatewaycommunityhigh.nsw.edu.au
14. It is a serious offence to give false or misleading information. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.
15. Why have we asked for information about Parent /Carer/ Guardian occupation and education? All Australian Education Ministers have agreed on National Goals for Schooling in the 21st Century. As a part of this, all schools must now ask information regarding the family background of students. The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background. The occupation groups listed are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work. You will need to use this table to answer the questions in pages 6 and 7.

Please fill out **ALL** sections of this form.

Contact our staff if you require assistance with any section.

Info@gatewaycommunityhigh.nsw.edu.au

Phone (02) 8845 8835

Please note:

Completion of a Student Enrolment Application Form does not guarantee an interview or offer of enrolment at Gateway Community High.

INTENDED START YEAR		GRADE		STARTING IN	<input type="radio"/> TERM 1	<input type="radio"/> TERM 2	<input type="radio"/> TERM 3	<input type="radio"/> TERM 4
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SECTION 1

STUDENT PERSONAL DETAILS (LEGAL NAME AS SHOWN ON YOUR BIRTH CERTIFICATE)

FAMILY NAME															
FIRST NAME															
MIDDLE NAME (S)															
PREFERRED NAME															
DATE OF BIRTH		AGE													
TOWN/CITY OF BIRTH											COUNTRY OF BIRTH				
GENDER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	<input type="radio"/> OTHER											<input type="radio"/> PREFER NOT TO SAY	
BIRTH SEX IDENTITY	<input type="radio"/> MALE	<input type="radio"/> FEMALE													
RESIDENCY STATUS	<input type="radio"/> AUSTRALIAN CITIZEN	<input type="radio"/> PERMANENT RESIDENT	<input type="radio"/> NEW ZEALAND CITIZEN												
	<input type="radio"/> TEMPORARY VISA HOLDER ENTITLED TO ATTEND A NSW SCHOOL														

- You will need to supply a **COPY** of the student's birth certificate 📎
- Temporary visa holders will need to supply a **COPY** of the student's passport and visa 📎
- You will need to supply a **COPY** of the student's photo ID 📎

STUDENT CONTACT DETAILS

ADDRESS															
SUBURB											POST CODE				
EMAIL															
MOBILE NUMBER						HOME PHONE NUMBER									
LIVING ARRANGEMENTS	<input type="radio"/> WITH PARENTS	<input type="radio"/> WITH MOTHER	<input type="radio"/> WITH FATHER	<input type="radio"/> WITH OTHER CARER/GUARDIAN											
	<input type="radio"/> INDEPENDENT	<input type="radio"/> OTHER													
DOES THE STUDENT HAVE BROTHERS OR SISTERS?	<input type="radio"/> NO	<input type="radio"/> YES - WHAT ARE THEIR FIRST NAMES AND AGES?													

SECTION 2

ABOUT THE STUDENT

As a special assistance school we are here to prioritise and assist students that have support needs, but students must be both willing and able to take responsibility for themselves and their learning in our supportive environment. Please provide as much information as possible about the student so that we can assess those support needs and our ability to provide the appropriate level of support and the student's suitability for our Stage 5 program.

DOES THE STUDENT:

IDENTIFY AS?	<input type="radio"/> ABORIGINAL	<input type="radio"/> TORRES STRAIT ISLANDER	<input type="radio"/> NEITHER	<input type="radio"/> PREFER NOT TO SAY
COME FROM A NON-ENGLISH SPEAKING BACKGROUND?	<input type="radio"/> NO	<input type="radio"/> YES		
SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?	<input type="radio"/> NO	<input type="radio"/> YES, PLEASE SPECIFY WHICH:		

LIVE WITH A DISABILITY	<input type="radio"/> NO			<input type="radio"/> YES, PLEASE INDICATE IF THE STUDENT HAS ANY OF THE FOLLOWING:		
<input type="radio"/> ADD	<input type="radio"/> Behaviour disorder	<input type="radio"/> Language disorder	<input type="radio"/> Other (please specify) _____			
<input type="radio"/> ADHD	<input type="radio"/> Difficulties in learning	<input type="radio"/> Mental health disorder	_____			
<input type="radio"/> Acquired brain injury	<input type="radio"/> Hearing impairment	<input type="radio"/> Physical disability				
<input type="radio"/> Autism Spectrum Disorder	<input type="radio"/> Intellectual disability	<input type="radio"/> Vision impairment				

Does the student take any medication for any condition identified above?	
<input type="radio"/> NO	<input type="radio"/> YES, PLEASE PROVIDE A BRIEF SUMMARY HERE

MEDICAL AND CARE NEEDS

Do you give permission for your child to take paracetamol if required?	<input type="radio"/> NO	<input type="radio"/> YES
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Do you give permission for your child to take ibuprofen if required?	<input type="radio"/> NO	<input type="radio"/> YES
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Do you give permission for your child to take antihistamine if required?	<input type="radio"/> NO	<input type="radio"/> YES
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Does the student require support or reasonable adjustment for learning because of a disability or other diagnosis? (eg vision, hearing, difficulties in learning, language disorder, autism spectrum disorder)?	
<input type="radio"/> NO	<input type="radio"/> YES, PLEASE PROVIDE A BRIEF SUMMARY HERE

Does the student have an individual learning or education plan?	
<input type="radio"/> NO	<input type="radio"/> YES, PLEASE PROVIDE A COPY 📎

PROFESSIONAL AND PERSONAL SUPPORT

Has the student ever received an assessment from and/or have a mental health treatment plan; and/or is currently seeing any of the following?	<input type="radio"/> NO	<input type="radio"/> YES
<input type="radio"/> PSYCHOLOGIST <input type="radio"/> PSYCHIATRIST <input type="radio"/> BEHAVIOURAL THERAPIST <input type="radio"/> OTHER _____		

TYPE OF SERVICE	NAME OF SERVICE PROVIDER	
PLEASE PROVIDE A BRIEF SUMMARY HERE AND SUPPLY A COPY OF A LETTER OR REPORT 📎		

Is the student currently subject to any Court orders?	
<input type="radio"/> NO	<input type="radio"/> YES, PLEASE PROVIDE A BRIEF SUMMARY HERE AND SUPPLY A COPY OF A LETTER OR REPORT 📎

Does the student have a case manager at Dept of Communities and Justice (DCJ) or another agency such as a youth service?	
<input type="radio"/> NO	<input type="radio"/> YES, PLEASE PROVIDE A BRIEF SUMMARY HERE

AGENCY NAME	
CASE MANAGER NAME	
CONTACT PHONE NUMBER	

DOES THE STUDENT RECEIVE FINANCIAL SUPPORT?	<input type="radio"/> NO	<input type="radio"/> AUSTUDY	<input type="radio"/> YOUTH ALLOWANCE
If you answered yes to any of the support questions in this section you may need to supply more details such as a letter from your medical or allied health professional, case manager or Communities and Justice. See our check list at the end of the application form.			

STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS

It is essential you inform the school before enrolment if the student has 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 safety and wellbeing 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 safe participation at the school.

MEDICARE CARD NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFERENCE NO.	<input type="text"/>	VALID TO	<input type="text"/>
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You will need to supply a **COPY** of the student's immunisation record. 

DOCTOR'S NAME	<input type="text"/>	CONTACT NUMBER	<input type="text"/>
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MEDICAL CENTRE	<input type="text"/>
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ADDRESS	<input type="text"/>
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Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating the student for any allergy or other medical condition you may list when completing this section. Attach an additional page if required.

ALLERGY / MEDICAL CONDITION	DOCTOR'S NAME	ADDRESS	CONTACT 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"/>

If the student has a documented plan to support any health or medical needs from a previous school or organisation please provide it to the school as an attachment to this form. 

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If the student has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Student medical details and health conditions'.

For any **additional allergies** the student has, please answer each of the 11 questions (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Student medical details and health conditions') to the back of this form. 

ALLERGY TO	<input type="text"/>
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1. Has a doctor diagnosed this allergy?	<input type="radio"/> YES	<input type="radio"/> NO
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2. Is this a severe allergy (anaphylaxis)?	<input type="radio"/> YES	<input type="radio"/> NO
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Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has the student been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?	<input type="radio"/> YES	<input type="radio"/> NO
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4. If yes, which hospital?	<input type="text"/>
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5. Does the student have an ASCIA Action Plan for Anaphylaxis?	<input type="radio"/> YES	<input type="radio"/> NO
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6. If yes, is this plan attached? 	<input type="radio"/> YES	<input type="radio"/> NO
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7. Has the student been prescribed an adrenaline autoinjector (ie EpiPen®)?	<input type="radio"/> YES	<input type="radio"/> NO
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If the student has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time the student is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school. 

8. Does the student have an ASCIA Action Plan for Allergic Reactions?	<input type="radio"/> YES	<input type="radio"/> NO
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9. If yes, is this plan attached? 	<input type="radio"/> YES	<input type="radio"/> NO
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It is important that any updated plan is provided to the school.

10. Please list any other medication prescribed for this allergy	<input type="text"/>
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The school will require further details in relation to prescribed medication on enrolment.

Parents/Carers/Guardians who require students to be administered prescribed medication at school must complete a written request.

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which the student is being treated. If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).

Medical condition				
1. Has a doctor diagnosed this condition?	<input type="radio"/>	YES	<input type="radio"/>	NO
2. Has your child been hospitalised with this condition?	<input type="radio"/>	YES	<input type="radio"/>	NO
3. If yes, which hospital?				
4. Does the student have a documented action plan from a doctor (eg asthma action plan)?	<input type="radio"/>	YES	<input type="radio"/>	NO
5. If yes, is this plan attached?	<input type="radio"/>	YES	<input type="radio"/>	NO
6. Is the student taking prescribed medication for this condition?	<input type="radio"/>	YES	<input type="radio"/>	NO
7. If yes, what is the prescribed medication?				

The school will require further details in relation to prescribed medication on enrolment.

Parents/Carers/Guardians who require students to be administered prescribed medication at school must complete a written request.

SECTION 3												
STUDENT'S EDUCATIONAL HISTORY												
CURRENT/ PREVIOUS SCHOOL ENROLMENTS												
SCHOOL	GRADE(S)	YEAR COMMENCED	LAST DATE ATTENDED	REASON FOR LEAVING								
HAS THE STUDENT HAD ANY SUSPENSIONS?		<input type="radio"/>	YES	<input type="radio"/>	NO							
HAS THE STUDENT HAD ANY EXPULSIONS?		<input type="radio"/>	YES	<input type="radio"/>	NO							
HAS THE STUDENT HAD A HISTORY OF VIOLENCE?		<input type="radio"/>	YES	<input type="radio"/>	NO							
IF YES TO EITHER SUSPENSION OR EXPULSION, PLEASE PROVIDE DETAILS (YEAR, LENGTH, REASON)												
PLEASE DETAIL BELOW ANY SCHOOLING ACHIEVEMENTS (EG. SCHOOL REPRESENTATIVE, ACADEMIC, SPORTING, THE ARTS)												
NESA STUDENT NUMBER IF KNOWN												
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;"> </td> </tr> </table>												
IS THE STUDENT CURRENTLY ATTENDING SCHOOL REGULARLY?		<input type="radio"/>	YES	<input type="radio"/>	NO, PLEASE PROVIDE DETAILS BELOW							
WHAT IS THE MAIN REASON FOR NOT ATTENDING SCHOOL ON A REGULAR BASIS?												

You will need to supply a COPY of school reports for all current and prior high school studies. 📄

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)	<input type="radio"/>				
Numeracy (maths and money)	<input type="radio"/>				
Communication (speaking and listening)	<input type="radio"/>				

 DID THE STUDENT PARTICIPATE IN THE NAPLAN TESTS IN YEARS 5, 7 OR 9? YES NO DON'T KNOW

 If yes, please supply a COPY of the student's NAPLAN test results. 
SECTION 4
PARENT/CARER/GUARDIAN AND EMERGENCY CONTACT DETAILS

It is important for us to maintain accurate contact details regarding each student's carers and people we can contact in an emergency.

Please complete the details for each parent/carer/ guardian the student normally lives with.

If the student has a parent they do not normally live with please also complete this section.

Please assist us by completing the information in full.

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. The information provided does not identify individual students or carers and is not matched with any other information held by the Australian Government.

PARENT/CARER/GUARDIAN 1 (WITH WHOM THE STUDENT NORMALLY LIVES)

TITLE																									
FAMILY NAME																									
FIRST NAME																									
RELATIONSHIP TO STUDENT																									
AUTHORISED TO PICK UP FROM SCHOOL?	<input type="radio"/> YES	<input type="radio"/> NO	CONTACT IN AN EMERGENCY?	<input type="radio"/> YES	<input type="radio"/> NO																				
CURRENT RESIDENTIAL ADDRESS																									
SUBURB																POST CODE									
CURRENT POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)																									
WORK PHONE NUMBER																									
HOME PHONE NUMBER																									
MOBILE PHONE NUMBER																									
E-MAIL ADDRESS																									
WHAT IS YOUR HIGHEST LEVEL OF SCHOOLING COMPLETED?	<input type="radio"/> YEAR 12 OR EQUIVALENT	<input type="radio"/> YEAR 10 OR EQUIVALENT	<input type="radio"/> YEAR 11 OR EQUIVALENT	<input type="radio"/> YEAR 9 OR EQUIVALENT OR BELOW																					
WHAT IS THE HIGHEST QUALIFICATION YOU HAVE COMPLETED?	<input type="radio"/> BACHELOR DEGREE OR ABOVE	<input type="radio"/> CERTIFICATE I-IV (INC TRADE CERTIFICATE)	<input type="radio"/> ADVANCED DIPLOMA/ DIPLOMA	<input type="radio"/> NO NON-SCHOOL QUALIFICATION																					
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME	<input type="radio"/> YES	<input type="radio"/> NO																							
IF YES, WHICH LANGUAGE(S)?																									
IN WHICH COUNTRY WERE YOU BORN?																									
ABORIGINALITY	<input type="radio"/> NO	<input type="radio"/> ABORIGINAL	<input type="radio"/> TORRES STRAIT ISLANDER	<input type="radio"/> BOTH ABORIGINAL AND TORRES STRAIT ISLANDER																					
OCCUPATION																									
OCCUPATION GROUP NUMBER (1,2,3,4 or 8 see attached list on p 9 & 10)																									
I PREFER TO RECEIVE WRITTEN CORRESPONDENCE FROM GATEWAY COMMUNITY HIGH VIA:	<input type="radio"/> POST	<input type="radio"/> EMAIL																							

PARENT/CARER/GUARDIAN 2 (WITH WHOM THE STUDENT NORMALLY LIVES)

TITLE																				
FAMILY NAME																				
FIRST NAME																				
RELATIONSHIP TO STUDENT																				
AUTHORISED TO PICK UP FROM SCHOOL?	<input type="radio"/> YES <input type="radio"/> NO					CONTACT IN AN EMERGENCY?	<input type="radio"/> YES <input type="radio"/> NO													
CURRENT RESIDENTIAL ADDRESS																				
SUBURB											POST CODE									
CURRENT POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)																				
WORK PHONE NUMBER																				
HOME PHONE NUMBER																				
MOBILE PHONE NUMBER																				
E-MAIL ADDRESS																				
WHAT IS YOUR HIGHEST LEVEL OF SCHOOLING COMPLETED?	<input type="radio"/> YEAR 12 OR EQUIVALENT					<input type="radio"/> YEAR 10 OR EQUIVALENT					<input type="radio"/> YEAR 11 OR EQUIVALENT					<input type="radio"/> YEAR 9 OR EQUIVALENT OR BELOW				
WHAT IS THE HIGHEST QUALIFICATION YOU HAVE COMPLETED?	<input type="radio"/> BACHELOR DEGREE OR ABOVE					<input type="radio"/> CERTIFICATE I-IV (INC TRADE CERTIFICATE)					<input type="radio"/> ADVANCED DIPLOMA/ DIPLOMA					<input type="radio"/> NO NON-SCHOOL QUALIFICATION				
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME	<input type="radio"/> YES <input type="radio"/> NO																			
IF YES, WHICH LANGUAGE(S)?																				
IN WHICH COUNTRY WERE YOU BORN?																				
ABORIGINALITY	<input type="radio"/> NO					<input type="radio"/> ABORIGINAL					<input type="radio"/> TORRES STRAIT ISLANDER					<input type="radio"/> BOTH ABORIGINAL AND TORRES STRAIT ISLANDER				
OCCUPATION																				
OCCUPATION GROUP NUMBER (1,2,3,4 or 8 see attached list on p 9 & 10)																				
I PREFER TO RECEIVE WRITTEN CORRESPONDENCE FROM GATEWAY COMMUNITY HIGH VIA:	<input type="radio"/> POST					<input type="radio"/> EMAIL														

DETAILS OF ANY PARENT NOT LIVING WITH THE STUDENT

TITLE																				
FAMILY NAME																				
FIRST NAME																				
RELATIONSHIP TO STUDENT																				
AUTHORISED TO PICK UP FROM SCHOOL?	<input type="radio"/> YES <input type="radio"/> NO					CONTACT IN AN EMERGENCY?	<input type="radio"/> YES <input type="radio"/> NO													
CURRENT RESIDENTIAL ADDRESS																				
SUBURB											POST CODE									
CURRENT POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)																				
WORK PHONE NUMBER																				
HOME PHONE NUMBER																				
MOBILE PHONE NUMBER																				
E-MAIL ADDRESS																				
WHAT IS YOUR HIGHEST LEVEL OF SCHOOLING COMPLETED?	<input type="radio"/> YEAR 12 OR EQUIVALENT					<input type="radio"/> YEAR 10 OR EQUIVALENT					<input type="radio"/> YEAR 11 OR EQUIVALENT					<input type="radio"/> YEAR 9 OR EQUIVALENT OR BELOW				

Group 3: Tradespeople/ women, clerks and skilled office, sales and service staff	<ul style="list-style-type: none"> • Tradespeople/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All Tradespeople/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]
Group 4: Machine operators, hospitality staff, assistants, labourers and related workers	<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]
Please note	<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 5
INFORMATION COLLECTION CHECKLIST
Have you: completed all the sections of the form?

Please **ATTACH** all requested supporting documentation. If you are having difficulty in providing the requested information (such as school records) please contact us as we may be able to assist.

We will not be able to process your application and offer you an interview until you provide **ALL** the required documents.

STUDENT PERSONAL AND CONTACT DETAILS

- Provided a copy of the birth certificate, passport or other documents providing proof of identity and age of the student
- If applicable, provided a copy of the passport and visa – for temporary visa holders

INFORMATION ABOUT THE STUDENT

- Completed summary details of disability, diagnoses, medical, physical or mental health, or other important support issues
 - Provided a copy of letters or reports or learning support plans relevant to the above
 - Provided names of medical or allied health professionals and contact details
 - If applicable, add copy of ASCIA plans
 - Medicare number
 - Copy of immunisation record



Wellbeing Survey **Parental Consent**

1) Why are we asking students to fill out Wellbeing surveys?

Gateway Community High is committed to improving the wellbeing of all students, and to ensuring that the program is effective in working towards this goal.

To achieve this, Gateway Community High has partnered with social impact measurement experts Huber Social to measure the school's impact on the wellbeing of your child. To do this, your child will be asked to complete the Gateway Community High Wellbeing Survey.

2) What does the survey look like?

- There are two types of questions in the survey:
 - **Demographic questions:** these help us to understand the type of person who is filling out the survey. They ask about things like age and gender. We never ask for a name, but students will be asked to enter an ID number issued by GCH so that their answers can be compared over time.
 - **Personal questions about life:** These are questions that ask your child how they currently feel about their life and circumstances.

In previous feedback, taking a survey like this can create opportunities for self-reflection and may bring up new thoughts or feelings for your child, both positive and negative.

3) How to complete the survey

- In-school students will complete the survey for themselves, with the assistance of GCH staff.
- Students attending remotely will be sent a link to the survey via email and will be asked to complete it online.

4) The survey is confidential and voluntary

- The surveys are de-identified and your child's answers will never be connected to their name.
- The survey is voluntary, and your child may stop at any point.
- In addition to your consent, your child must also consent to the survey at the time of completion; if they choose not to, then they will not complete the survey.
- Results will only be considered at a group level, and no individual results will be shared.

5) How will the survey answers be used?

- This survey is to get an understanding of where students find themselves in life and what is affecting their overall sense of wellbeing. The information will primarily be used to determine the impact of Gateway Community High and understand the needs of students at a group level.
- As the surveys have been designed by independent experts [Huber Social](#) all survey responses are held in the secure Huber Social database. All data remains de-identified to protect privacy. Please see the attached privacy policy for more information or contact info@hubersocial.com.au.
- Neither Huber Social nor Gateway Community will disclose your child's answers to other parties without your consent, except in response to legal requirements.

6) Parent/Guardian consent

- I have read the above and understand what is involved in answering the survey and how the data will be used.
- I consent to my child completing this survey and that my child may choose not to answer questions that they do not want to answer. I understand my child's participation is completely voluntary.

Student Name: _____ Parent Signature: _____ Date: _____