Dear Colleague,

Thank you for applying for the 2015 Primary Aboriginal Dance Workshops.

Please find attached the following excursion forms required for your student/s participation in the Workshop:

1. **School Consent**: This needs to be completed by all schools and returned to Sue Dawson – Arts Initiatives & Events Officer no later than one week prior to your workshop. Please either email to susan.i.dawson@det.nsw.edu.au or fax to Sue Dawson on 95696878.

2. **Parent Consent Form**: This can be used and adapted to suit the travel requirements for your school. Alternatively schools may use their own excursion form.

3. **Participation and Media Consent Deed**: This form needs to be completed by each student and held with the supervising teacher at the school.

4. **Medical Information**: This form needs to be completed by each student and held with the supervising teacher at the school. Alternatively schools may use their own Medical Information forms.

We look forward to working with you and your students at the Workshops in the near future.

Regards,

*Sue Dawson*

**Arts Initiatives & Events Officer**
**The Arts Unit**

Corner of Toothill Street & The Boulevard, Lewisham NSW 2049
Locked Bag 3003, Summer Hill NSW 2130

Ph 8512 1174 | Mob 0434567413 | Fax 9569 6878
Visit our website: www.artsunit.nsw.edu.au/
Follow us on Facebook: www.facebook.com/TheArtsUnit
2015 ARTS INITIATIVES

PRIMARY ABORIGINAL DANCE WORKSHOPS

GENERAL INFORMATION

Workshop: Sydney  
Date: Friday 14 August 2015

Time: 10:00am to 2:00pm

Venue: Auburn Basketball Stadium – Church Street, Lidcombe

Workshop: Grafton  
Date: Monday 24 August 2015

Time: 10:00am to 2:00pm

Venue: Grafton Public School – 86 Queen Street, Grafton

Workshop: Lightning Ridge  
Date: Tuesday 25 August 2015

Time: 10:00am to 2:00pm

Venue: Lightning Ridge Central School – Kaolin Street, Lightning Ridge

Workshop: Coonamble  
Date: Thursday 27 August 2015

Time: 10:00am to 2:00pm

Venue: Coonamble Public School - Bertram Street, Coonamble

Workshop: Cowra  
Date: Friday 28 August 2015

Time: 10:00am to 2:00pm

Venue: Mulyan Public School, Lachlan Street, Cowra

FOR ADDITIONAL INFORMATION ABOUT THE WORKSHOPS PLEASE CONTACT

SUE DAWSON

EMAIL: susan.i.dawson@det.nsw.edu.au
PHONE: (02)8512 1190
2015 ARTS INITIATIVES

PRIMARY ABORIGINAL DANCE WORKSHOPS

ABN 40 300 173 822

SCHOOL CONSENT

School: _______________________________________________________________

Supervising Teacher: _________________________________________________________

Workshop Attending: _________________________________________________________

Number of students attending the workshop: _________________________________

☐ Permission is granted for the student/s listed above to participate in the 2015 Primary Aboriginal Dance Workshop

☐ Transport will be organised by the supervising teacher who will accompany the students to the workshop.

☐ All paperwork has been completed for each student attending the workshop (including permission note, medical form, publicity consent) and is being held by the supervising teacher from the school. These forms DO NOT need to be submitted to The Arts Unit.

PAYMENT ADVICE

I understand the School will be direct debited $22(including GST) for the student/s participation. This debit will occur following the student/s participation in the workshop.

School Name: ___________________________ School Code: ______________

Number of students attending workshop: __________ x $22 (incl. GST) = $____________

I understand and have completed all the necessary information above:

Supervising/Co-ordinating Teacher Name: __________________________________

Supervising/Co-ordinating Teacher Signature: _________________________________

Principal’s Name: ____________________________________________

Principal’s Signature: ____________________________________________

Date : ________________________________

This form is required no later than 1 week before attending the workshop

FAX: (02) 9569 6878  EMAIL: Susan.i.dawson@det.nsw.edu.au
2015 ABORIGINAL DANCE WORKSHOPS

PARENT CONSENT FORM

STUDENT NAME: ________________________________________________________________

SCHOOL: _________________________________________________________________

WORKSHOP ATTENDING: ____________________________________________________

DATE OF WORKSHOP: ______________________________________________________

PARENTAL CONSENT (Please sign below)

• I consent to my son/daughter attending the Primary Aboriginal Dance Workshop and to his/her participation as outlined in the accompanying information.

• I understand that there will be consequences if my child does not behave appropriately. In these cases action will be taken at The Arts Unit and/or the child’s school and may include withdrawal from this and future activities.

• I have completed and returned the medical form provided and understand it is our requirement to make the necessary travel arrangements to and from the Workshop for my son/daughter.

• I have paid the participation levy - $22 including GST to the School.

Travel arrangements:

(School to add)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed (Parent/Guardian): ___________________________ Date: ____________
2015 ABORIGINAL DANCE WORKSHOPS

PARTICIPATION AND MEDIA CONSENT DEED

Participants Name: ______________________________________________________________

Address:  ______________________________________________________________

Telephone:  _____________________________ Mobile:_______________________

Parent/Guardian Name:  _____________________________________________________________

Parent/Guardian Telephone: ______________________ Mobile: ______________________

This is an agreement between:

New South Wales Department of Education – The Arts Unit

and:    _______________________________________________________________________________________

(Parent/Legal Guardian of the participant or, if over 18, the Participant)

1. I give permission for the participant (or, if over 18, I the Participant agree) to participate in the 2015 Primary Aboriginal Dance Workshop.

2. I acknowledge that NSW Department of Education is to own, so far as the law permits, copyright in the Primary Aboriginal Dance Workshop and hereby assign to NSW DEC on behalf of the participant any existing or future copyright of the Participant in his/her participation.

3. I acknowledge that permission granted extends to still photography, electronic media and social media, the use of the participant’s name, image, voice and biographical material in connection with the Primary Aboriginal Dance Workshop.

4. I authorise use of any audio recordings and still photographs associated with the workshops, for promotion of the Primary Aboriginal Dance Workshop now or in the future.

5. I acknowledge that The Department may not be able to give credit or acknowledgement to the participant.

6. I acknowledge that the material for the 2015 Primary Aboriginal Dance Workshops may be published in full or in part and may, without consultation, be altered for design or context purposes, as the Department determines appropriate.

7. I understand that reasonable measures will be taken to ensure that consent information is held securely and used only in relation to the Primary Aboriginal Dance Workshop. The material shall be held by the Department for an indefinite period of time and disposed of securely.

8. I release and indemnify the Department, its assignees, and licensees from and against any claims arising from any breach of the preceding warranty and the exercise of the rights granted by this Participation and Consent Deed.

<table>
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<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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</table>
2015 ABORIGINAL DANCE WORKSHOPS

MEDICAL INFORMATION

The information provided on [date] by [parent/guardian name] is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about [student name] who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by in conjunction with [name of school].

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting all activities related to the 2015 Primary Aboriginal Dance Workshops.

Other persons or agencies that may be provided with this information may include but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the 2015 Primary Aboriginal Dance Workshop activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular activity.

Student name: ……………………………………………………

Class: ………………………

Medicare number (optional) ……………………………

Parent or carer contact details

Name: ……………………………………………………………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………………………………………………..

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

Doctor contact details

Name: ……………………………………………………………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………………………………………………..

Doctor’s telephone: 1. …………………………… 2. ………………………

Emergency contact details (nominated by the parent or carer as alternate contact)

1. Name: …………………………………………………… Phone: ………………………
List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).

Outline the treatment for each.

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<thead>
<tr>
<th>Medical Condition</th>
<th>Treatment</th>
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Outline special dietary needs including possible reaction to inappropriate diet

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<tr>
<th>Dietary Needs</th>
<th>Reaction</th>
<th>Action</th>
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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Any student who requires medication to be administered during the event must present to their supervising teacher at the beginning of each day with their medication.

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<thead>
<tr>
<th>Medication</th>
<th>Administration Instructions</th>
<th>Time of Administration</th>
<th>Possible Reactions</th>
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Signature: ___________________________  Date: ________________

Students who suffer from allergies which may lead to anaphylactic shock are asked to see Sue Dawson or supervising teacher at all workshops & Performances with applicable medication, epipen and their student action plan.