

TSA INDEPENDENT SCHOOL

Enrolment Application Form



Please complete this form:

GIVEN NAMES

SURNAME

DATE OF BIRTH

MOBILE PHONE

EMAIL ADDRESS

ADDRESS

CAREGIVER #1

RELATIONSHIP TO STUDENT

ADDRESS

MOBILE PHONE

EMAIL ADDRESS

CAREGIVER #2

RELATIONSHIP TO STUDENT

ADDRESS

MOBILE PHONE

EMAIL ADDRESS

WHERE WERE YOU BORN?

ARE YOU AN AUSTRALIAN CITIZEN?

Yes

No

If no, where were you born?

Yes

No

GENDER (Please tick)

Female

Male

Non-Binary

Other

DO YOU IDENTIFY AS ABORIGINAL OR TORREST STRAIT ISLANDER?

Neither

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islader

DO YOU IDENTIFY AS CULTURALLY AND LINGUISTICALLY DIVERSE? eg. Maori

Yes

No

If Yes, please state

DO YOU SPEAK ANY LANGUAGE OTHER ENGLISH?

Yes

No

If Yes, please state

PROFESSIONAL REFERRAL

Name

Position/Organisation

Phone

REFERRED TO TSA INDEPENDENT SCHOOL BY: (Please tick)

Self

Past Student

Guidance Officer

School Website

APPLYING TO ENROL IN:

Grade

Year

Previous Schools

TAFE IN SCHOOLS



What is impacting your engagement with your current / previous school?

Do you have a Diagnosis, Condition or Situation that has made learning and/or staying at school difficult?

DIAGNOSIS

CONDITION

SITUATION

OTHER

Why would you like to enroll at TSA Independent School?



APART FROM SENIOR STUDIES, ARE YOU INTERESTED IN ANY OF THE FOLOWWING?

	YES	NO
Doing a Certificate through TAFE	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship / Traineeship	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience or Vocational Placement	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Paid Work	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU CURRENTLY RECEIVING ASSISTANCE THROUGH THE SCHOOL TRANSPORT ASSISTANCE SCHEME?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

DO YOU HAVE A GO CARD?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

LUI Number	<input type="text"/>	USI Number	<input type="text"/>
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STUDENT SIGNATURE

DATE

CAREFGIVER SIGNATURE

DATE

PLEASE RETURN THE COMPLETED FORM IN PERSON TO:

TSA Independent School
27-29 Lawnton Pocket Road
LAWNTON

OR VIA POST:

PO Box 206
LAWNTON QLD 4501

OR EMAIL:

lawntoncampus@salvationarmy.org.au



TSA INDEPENDENT SCHOOL

Privacy Consent Form



Please complete this form:

GIVEN NAMES

SURNAME

DATE OF BIRTH

MALE

FEMALE

OTHER

PRIVACY NOTICE - TSA INDEPENDENT SCHOOL

In understand that:

a) TSA Independent School will collect my personal information to administer, evaluate or monitor the Program and my disclose it to the Department of Education for such purposes.

YES

b) my personal information may be disclosed by the Department of Education or by TSA Independent School to the following people or organisation for the purposes below:

YES

DEPARTMENT OF EMPLOYMENT

Personal information that could be disclosed:

- Name, age and if relevant, income support payment type, Job Seeker ID.

For the purpose of analysis and management of Australian Government programs.

CENTRELINK

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Centrelink Reference Number (CRN)
- Date of enrolment, enrolment status
- Payment type
- Attendance

Purpose: The Department may disclose your personal information to Centrelink if you are receiving support that requires your participation in the Youth Connections Programs and the disclosure is required or authorised by law.

DEPARTMENT OF EDUCATION, QCAA AND NCCD

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Centrelink Reference Number (CRN)
- Date of enrolment, enrolment status
- LUI Number
- Results and assessments
- Disabilities
- Education

DEPARTMENT OF TRANSPORT AND MAIN ROADS

- Personal information that could be disclosed:
- Name, Date of Birth, Gender
- Address and phone number
- Date of enrolment

Purpose: To provide information regarding receipt of assistance under the School Transport Assistance Scheme.

RTOS: EVA BURROWS, BLUEPRINT

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Enrolment details
- Academic results
- Disabilities

c) my personal information may be otherwise disclosed by the Department of Education or TSA Independent School without my consent where authorised under or required by law.

YES

☐

DISCLOSURE OF PERSONAL INFORMATION TO PARENT / CARER

If you are under 18 years of age, and not an independent student, TSA Independent School will give your parent/carer updates regarding participation in the school and general well-being. If you are over 18 years of age or under and an independent student, TSA Independent School may give your parent/carer updates if you consent to this. This would be discussed with you before any information is disclosed.

YES

☐

NO

☐

*If you consent to the disclosure of personal information to your parent/carer, tick **Yes** and we will have a discussion with you.*

Parent / Carer Name

Relationship to Student

Address

Phone Number

Email Address

DISCLOSURE OF PERSONAL INFORMATION TO OTHER PARTIES

Contact Person 1

Role

Contact Details

Purpose

Start Date

Finish Date

Initials

Contact Person 2

Role

Contact Details

Purpose

Start Date

Finish Date

Initials



DECLARATION

Note: giving false or misleading information is a serious offence.

I declare that:

- a) the information I have provided on this form is complete and correct. YES ☐
- b) I, and/or my parent carer has read and had this form explained to me. YES ☐
- c) I consent to my personal information being used and disclosed in accordance with this form – TSA Independent School’s Privacy Policy. YES ☐
- d) TSA Independent School has explained the Privacy Policy and if there has been a breach, the process to follow. YES ☐
- e) I consent to the use of photographs/videos taken by the school for the use in promotions for TSA Independent School and the Salvation Army. YES ☐ NO ☐
- f) I consent to the acknowledgement of my contribution and activities at the school in a newsletter. school Facebook page, the school website, and AGM report. YES ☐ NO ☐

I acknowledge that I have read and understood this privacy notice and freely agree to provide the sensitive information referred to and/or contained in this document to TSA Independent School.

I acknowledge that the information I have provided to TSA Independent School is current and I consent the disclosure of this information to the types of organisations or individuals identified in this form.

I undertake to notify TSA Independent School as soon as practicable if this information is no longer current or if my consent for the collection of this information is withdrawn.

I acknowledge that until such time that I notify TSA Independent School that my consent is withdrawn, I agree that TSA Independent School will be entitled to presume that this consent if current and informed.

NAME OF STUDENT

NAME OF PERSON SIGNING

This should be a parent /carer if the student is under 18 unless the student is independent.

SIGNATURE OF STUDENT OR PARENT/CARER

DATE



TSA INDEPENDENT SCHOOL

Release of Information Consent Agreement



Please complete this form:

In order to meet your child's needs and assist in the collection of information important to their application, it may be necessary to liaise with your child's previous school to obtain information on how best to support their needs.

Under the new privacy legislation, schools are not at liberty to divulge information about any student. Therefore, we require permission from you as the parent/carer in order to request and discuss any relevant information.

Please sign the Consent Agreement below. If you have any queries relating to the release of information regarding your son/daughter, please contact TSA Independent School.

I _____ give permission to TSA Independent School to obtain information from and give relevant information to the previous school, specialist practitioners etc. about my son/daughter.

I have been assured that such communication shall be conducted in accordance with TSA Independent School's Privacy Policy which will, at all times, uphold my child's dignity, and if applicable, that of their family and carers.

PARENT / CARER SIGNATURE

DATE

TSA INDEPENDENT SCHOOL

Student Background

Data Form



Dear Parent/Guardian/Carer.

Each year schools are mandated to submit various reports to different State and Federal Bodies. As part of the enrolment pack for your child we are required to collect data for the Australian Curriculum Assessment and Reporting Authority. The data is non-identified to prevent recognition of students or families, only the school is identified.

Please complete the information below and submit with the other relevant application documentation to the school. Please note that carers such as CSO's, youth workers etc. are also required to complete this form.

Parent / Guardian / Carer Number 1

Please tick and state your role if you are a carer / youth worker / CSO ☐

Job Title / Role

What is the highest level of education that Parent / Guardian / Carer Number 1 has achieved?

☐

Grade 9 or equivalent

☐

Grade 10 or equivalent

☐

Grade 11 or equivalent

☐

Grade 12 or equivalent

☐

Unknown / not stated

What is the highest level of further education that Parent / Guardian / Carer Number 1 has achieved?

☐

No further education

☐

Certificate I to IV (includes trades)

☐

Advanced Diploma

☐

Bachelor's Degree or above

☐

Unknown / not stated

Parent / Guardian / Carer Number Occupation

☐

Not in paid work in the last 12 months

☐

Unknown / not stated

Parent / Guardian / Carer Number 2

Please tick and state your role if you are a carer / youth worker / CSO

☐

Job Title / Role

What is the highest level of education that Parent / Guardian / Carer Number 2 has achieved?

☐

Grade 9 or equivalent

☐

Grade 10 or equivalent

☐

Grade 11 or equivalent

☐

Grade 12 or equivalent

☐

Unknown / not stated

What is the highest level of further education that Parent / Guardian / Carer Number 2 has achieved?

☐

No further education

☐

Certificate I to IV (includes trades)

☐

Advanced Diploma

☐

Bachelor's Degree or above

☐

Unknown / not stated

Parent / Guardian / Carer Number 2 Occupation

☐

Not in paid work in the last 12 months

☐

Unknown / not stated



TSA INDEPENDENT SCHOOL

Medical Information Form



PERSONAL DETAILS

Student Name

Date of Birth

Address

MEDICARE AND DOCTOR DETAILS

Medicare Number

Doctor's Name

Phone Number

EMERGENCY CONTACT #1

Name and Relationship to Student

Phone Number

EMERGENCY CONTACT #2

Name and Relationship to Student

Phone Number

MEDICAL CONDITIONS

Condition

Medication / Medical Request
Form Required

ALLERGIES

This form is to be completed by the Parent / Carer / Guardian.

Name of Signatory

I have listed all relevant conditions and medications. In the event of an emergency, I authorise TSA Independent School staff to contact the ambulance/hospital/doctor as deemed necessary.

Signature

Date

