

Ø Online Form - Top Blokes Program (Stage 4) - Semester 2

Activity Name:	Top Blokes Program (Stage 4) - Semester 2
Date/Time:	Wednesday 24 July 2024 9:10am - Wednesday 11 December 2024 10:10am (Program will run Period 1, every Wednesday from the 24/07/2024 - 11/12/2024)
Description:	Glendale Technology High School will be running the Junior Top Blokes Mentoring Program facilitated by the Top Blokes Foundation over Semester 2. This mentoring program takes place at school during normal school days, on school grounds for approximately 1 hour per week. The program runs for a school semester with 18 workshops delivered, covering social issues that may impact young men's health. Students will be supervised by: S. McTiernan
Venue:	Glendale Technology High School
Start Location:	Students will attend regular lessons until the time indicated on the permission note.
Dress Code:	Full school uniform with flat enclosed comfortable footwear.
Additional Information:	Mobile phones - As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Please see attached further information regarding the program and Top Bloke's consent form. This note has also been sent home with students
Due Date:	Monday 1 July 2024

	Please see attached further information regarding the program and Top Bloke's consent form. This note has also been sent home with students
Due Date:	Monday 1 July 2024
	* indicates a required field
I have read the above detail Semester 2 *	s and give consent for my child, to attend the Top Blokes Program (Stage 4) -
○ Yes ○ No	
Student Name:	
Parent/Carer Name: *	

Medical conditions/information relevant to the activity (including any medication required): My child can be photographed at this event on the understanding the images may be used through our school communication.:* Yes No No No No No	Parent/Carer Phone Number: * Medical conditions/information relevant to the activity (including any medication required): My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes
My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No	My child can be photographed at this event on the understanding the images may be used through our school communication.: *
My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No	My child can be photographed at this event on the understanding the images may be used through our school communication.: *
Yes No No No No No No No No No N	communication.: *
Yes No No No No No No No No No N	communication.:*
No No you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No	O Yes
Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No	
○ Yes ○ No	○ No
○ No	Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:*
	○ Yes
Parent/Carer Signature: *	O No
	Parent/Carer Signature: *