



**Online Form - EPP Head Start - Early Childhood Education and Care**

<b>Activity Name:</b>	EPP Head Start - Early Childhood Education and Care
<b>Date/Time:</b>	<ul style="list-style-type: none"> <li>• Monday 27 May 2024 9:00am - 3:00pm</li> <li>• Tuesday 28 May 2024 9:00am - 3:00pm</li> <li>• Wednesday 29 May 2024 9:00am - 3:00pm</li> <li>• Thursday 30 May 2024 9:00am - 3:00pm</li> <li>• Monday 3 June 2024 9:00am - 3:00pm</li> <li>• Tuesday 4 June 2024 9:00am - 3:00pm</li> <li>• Wednesday 5 June 2024 9:00am - 3:00pm</li> <li>• Thursday 6 June 2024 9:00am - 3:00pm</li> </ul>
<b>Description:</b>	<p>Students will participate in the EPP Head Start = Early Childhood Education and Care program.</p> <p>Supervising teacher: Students will be supervised by the RTO trainers.</p>
<b>Venue:</b>	International Child Care College (146 Lambton Road, Broadmeadow NSW 2292)
<b>Transport:</b>	Parents / Carers are responsible for students transport to and from the venue. ICCC is near public transport (bus and 10 minute walk from Broadmeadow train station).
<b>Dress Code:</b>	Students are required to wear their school sport uniform , with appropriate length shorts for both the training and work experience.
<b>Food:</b>	Students to pack their own lunch, snacks and water bottle. Students will have permission to walk to near by fast food providers for morning tea / lunch.
<b>Please Bring:</b>	Students will require a laptop for this course, as all the work is online via the ICCC learner portal. ICCC Will support students with accessing wi-fi and printing when required. If assistance is required with this, please see Miss Frizell.
<b>Additional Information:</b>	Students will need to commit to an additional 3 - 5 days of work experience from the 17th - 21st June (further information will be provided closer to the time).
<b>Due Date:</b>	Friday 10 May 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the EPP Head Start - Early Childhood Education and Care \*

Yes  No

Student Name:

Parent/Carer Name: \*

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

No

Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: \*

Yes

No

Parent/Carer Signature: \*