



 Online Form - EPP Novaskill - Community Services and Allied Health

<b>Activity Name:</b>	EPP Novaskill - Community Services and Allied Health
<b>Date/Time:</b>	<ul style="list-style-type: none"><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>• Friday 31 May 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><li>• Friday 7 June 2024 9:00am - 3:00pm</li><li>• Tuesday 11 June 2024 9:00am - 3:00pm</li></ul>
<b>Description:</b>	Students will participate in the EPP Novaskill - Community Services and Allied Health program. Supervising teacher: Students will be supervised by the GTO trainers.
<b>Venue:</b>	Novaskill Broadmeadow (148 Lambton Road, Broadmeadow NSW 2292)
<b>Transport:</b>	Parents / Carers are responsible for students transport to and from the venue.
<b>Dress Code:</b>	Students are required to wear enclosed leather shoes, long pants and a shirt with a collar.
<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>Additional Information:</b>	Students will need to commit to an additional 3 - 5 days of work experience from Wee 8 - 10 in Term 2 (further information will be provided closer to the time).
<b>Due Date:</b>	Friday 3 May 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the EPP Novaskill - Community Services and Allied Health \*

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: \***