



📄 Online Form - **Aspire Program - Term 4**

<b>Activity Name:</b>	Aspire Program - Term 4
<b>Date/Time:</b>	<ul style="list-style-type: none"> <li>• Monday 21 October 2024 10:10am - 11:10am</li> <li>• Monday 28 October 2024 10:10am - 11:10am</li> <li>• Monday 4 November 2024 10:10am - 11:10am</li> <li>• Monday 11 November 2024 10:10am - 11:10am</li> <li>• Monday 18 November 2024 10:10am - 11:10am</li> <li>• Monday 25 November 2024 10:10am - 11:10am</li> <li>• Monday 2 December 2024 10:10am - 11:10am</li> </ul>
<b>Description:</b>	<p>The Aspire Program is a seven-week program designed for secondary school girls and is currently being implemented at Glendale Technology High School as a transition from Year 10 to further learning or work. Research tells us that while both girls and boys have aspirations from an early age, girls are less likely to achieve them than boys. They are more likely to perceive other people's negative attitudes, lack opportunities to gain experiences, and see peer pressure, mental wellbeing and gender inequities as barriers. The Aspire Program is designed to educate, empower and enable young female students and help them realise their potential and aspirations.</p> <p>By providing permission, you agree to your student using beauty products to make hand cream as a part of this program.</p> <p>Supervising Staff: M. Keevill and C. Frizell</p>
<b>Venue:</b>	Glendale Technology High School
<b>Dress Code:</b>	Full school uniform.
<b>Additional Information:</b>	Mobile phones - As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Your supervising teacher will direct when mobile phones can be utilised for educational purposes.
<b>Due Date:</b>	Thursday 17 October 2024

\* indicates a required field

**I have read the above details and give consent for my child, to attend the Aspire Program - Term 4 \***

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: \***