

Ø Online Form - Top Blokes Semester 1 2025

| Activity Name: | Top Blokes Semester 1 2025 |
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| Date/Time: | Wednesday 26 February 2025 9:10am - 10:10am Wednesday 5 March 2025 9:10am - 10:10am Wednesday 12 March 2025 9:10am - 10:10am Wednesday 19 March 2025 9:10am - 10:10am Wednesday 26 March 2025 9:10am - 10:10am Wednesday 2 April 2025 9:10am - 10:10am Wednesday 30 April 2025 9:10am - 10:10am Wednesday 7 May 2025 9:10am - 10:10am Wednesday 14 May 2025 9:10am - 10:10am Wednesday 21 May 2025 9:10am - 10:10am Wednesday 28 May 2025 9:10am - 10:10am Wednesday 4 June 2025 9:10am - 10:10am Wednesday 11 June 2025 9:10am - 10:10am Wednesday 18 June 2025 9:10am - 10:10am Wednesday 25 June 2025 9:10am - 10:10am |
| Description: | Top Blokes is a 16- Week Small Group Program led by qualified Youth Workers and running over two terms, this program focuses on building the skills necessary for young males to navigate the teenage experience. The program is designed to hold space for 14-17 year old to talk about everything from relationships to alcohol, leadership to vaping, self-awareness to drugs, mental health to porn. This trans-formative experience equips them with the skills to navigate complex social dynamics and build a strong, positive identity. Wednesdays Period 1 9.10am-10.10am |
| Venue: | Glendale Technology High School |
| Start Location: | Wellbeing Hub |
| Dress Code: | Full school uniform. |
| Due Date: | Friday 21 February 2025 |

| 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 No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * | | |
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| Parent/Carer Name: * Parent/Carer Phone Number: * Addical conditions/information relevant to the activity (including any medication required): All child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | | * indicates a required fi |
| 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 No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | have read the above Yes O No | details and give consent for my child, to attend the Top Blokes Semester 1 2025 * |
| 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 you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Student 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 Yo you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Parent/Carer Name: * | |
| My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Parent/Carer Phone N | umber: * |
| Yes No No No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No No | Medical conditions/in | formation relevant to the activity (including any medication required): |
| Yes No No No No No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No No | ∕ly child can be photo | graphed at this event on the understanding the images may be used through our schoo |
| No No you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | communication.: * | |
| Oo you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | _ | |
| Yes No | → No | |
| O No | Oo you authorise med | ical aid if it is considered necessary by the supervising teacher/s?: * |
| | Yes | |
| Parent/Carer Signature: * | ○ No | |
| | Parent/Carer Signatur | e: * |
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