HISTORY ENRICHMENT PROGRAM

Suite 105, 134-136 Cambridge St, Collingwood Vic 3066 | 03 9417 3422 | 03 9419 4713 | www.htav.asn.au | ABN 44 005 739 239

PROGRAM DETAILS

Name: **History Enrichment Program**
Metropolitan Government Schools

Applications close: **Friday 7 October 2022**

Date: **Thursday 20 October 2022, 9.30am to 3.30pm**

Venue: **State Library Victoria, 328 Swanston St, Melbourne VIC 3000**

STUDENT EXPRESSION OF INTEREST FORM

Please return this form to Michelle Pitcher via email at k.depetro@htav.asn.au.

I, _____ Age _____ of (school) _____

would like to be considered for the History Enrichment Program. I understand that the program is for students who are fast learners and advanced thinkers. It is for students who like to be challenged and have fun while learning. The program is designed for students who have a passion for History.

1. Please describe what you like about History and why you would like to be part of the History Enrichment Program:

2. In what ways are you a 'fast learner' or an 'advanced thinker'?

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This program is best suited for students who are independent, creative thinkers and students who are fast learners, think and perform above the level of their peers in some way (though they may not be the most successful academically) and demonstrate high potential.

This program will also suit students who are recognised as Gifted and Talented, high achievers and/or those who could benefit from accelerated learning.

PARENT/GUARDIAN APPROVAL FORM

Please return this form to Kaye De Petro via email at k.depetro@htav.asn.au.

By signing and submitting this form for consideration, we give our permission for our child to participate in the online HTAV History Enrichment Program, should they be accepted into the program.

My child and I acknowledge that:

- ☐ we have read, and agree that they will abide by, the HTAV HEP Digital Code of Conduct
- ☐ my child should not share any personal contact information whilst attending the program

I, _____ (print name) parent/guardian of student, _____

(print name) of school, _____

hereby give permission for my son/daughter to attend the History Enrichment Program being held on Thursday 20 October 2022 at the State Library Victoria, 328 Swanston St, Melbourne, VIC 3000.

- I understand that students will need to make their own way to and from the State Library Victoria and arrive no later than 9.30 am.
- I understand students will be the State Library of Victoria Centre at 4.00 pm.
- I understand that photographs, video and/or audio recordings will made during the program and agree that my child may be included in this material to be used for professional and/or promotional purposes by the organisers. This includes use in social media.

Parent/Guardian Consent for Electronic Recording and/or Publishing:

Parent/Guardian Signature: _____

Parent/Guardian Email: _____

CATERING **Important Note** – We ask that students please bring their own water bottles, snacks for morning tea and their own lunch.

DRESS CODE Neat casual clothing is appreciated. Students may wear their school uniform if they wish to.

Materials will be provided for students including paper, pencils, etc. If they would like to bring their own pencil case, they may do so.

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MEDICAL COMPONENT:

This confidential report is intended to assist the History Teachers' Association of Victoria in case of any emergency.

PARENT/GUARDIAN DETAILS:

Name: _____

Home Address: _____ State: _____ Postcode: _____

Telephone Numbers: (h) _____ (m) _____ Child/Student Date of Birth: _____/_____/_____

Name of family doctor: _____ Telephone: _____ Medicare Number: _____

Medical/hospital insurance: _____ Contribution Number: _____

Ambulance Cover: ☐ Yes ☐ No Ambulance Member Number: _____

Please detail any medical conditions that HTAV should be aware of:

_____

_____

_____

Please tick the appropriate boxes if child suffers from any of the following:

- ☐ Asthma
- ☐ Heart condition
- ☐ Seizures of any type
- ☐ Dizzy spells
- ☐ Migraine
- ☐ Travel sickness
- ☐ Black outs
- ☐ Other : _____

Please provide further information:

_____

_____

Allergies to:

- ☐ Penicillin
- ☐ Other drugs (please specify) _____
- ☐ Any foods _____
- ☐ Other allergies _____

If applicable, what special care is recommended? _____

Tablets and Medicines:

Is the child presently taking any tablets and/or medicines? ☐ Yes ☐ No

Please specify: (frequency, dose, etc) _____

If any medications are required, please ensure you provide them, clearly labelled and let the workshop coordinator know if your child should be monitored whilst taking them.

Any other information you feel is relevant: _____

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CONSENT

Where it is not practical to communicate with me, I authorize the responsible adult in charge of the event to consent to my child receiving medical treatment as may be considered necessary. I have read the information provided in the Program Outline and give permission for my child to participate in this event.

[*PLEASE ATTACH ANY RELEVANT MEDICAL INFORMATION TO THIS FORM]

Signed: _____ (parent/guardian) Date: _____

EMERGENCY CONTACT DETAIL:

Person 1

Name: _____ Relationship: _____

Contact Numbers: (h) _____ (w) _____ (m) _____

Address: _____ State: _____ Postcode: _____

Person 2

Name: _____ Relationship: _____

Contact Numbers: (h) _____ (w) _____ (m) _____

Address: _____ State: _____ Postcode: _____

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