# **NRL COWBOYS HOUSE** STUDENT ENROLMENT APPLICATION PACK | 2017

For assistance in completing this application, please contact:

07 4773 0767

Email: enquiries@cowboysfoundation.org.au Fax: 07 4723 2595

Postal address: PO Box 577, Thuringowa Central, Qld 4817











# A. STUDENT INFORMATION

1. STUDENT'S FULL NAME & CONTACT DETAILS					
Surname:					
iven names/s:Preferred name:					
Home address:					
Email address:					
Home phone no:Mobile no:					
2. WHO DOES THE STUDENT LIVE WITH? (Please tick below)					
☐ Parents ☐ Grandparents ☐ Aunt	y & Uncle ☐ Guardian/Other				
Their name and address:					
Full name:					
Home address (if different from above):					
	<u> </u>				
3. STUDENT'S BIRTH & CULTURAL HERITAGE DETAILS					
Date of birth:/	Gender: □ Male □ Female				
Your Cultural Heritage (please tick below):					
□ Aboriginal □ Torres Strait Islander □ Aborig	ginal and Torres Strait Islander				
Aboriginal name:Clan: _					
Your birth place:					
Language(s) spoken at home :					
Your religion:					
4. PREVIOUS SCHOOL ATTENDED IN 2016					
School name: Location					
Year level in 2016 (please tick): □ 6 □ 7 □ 8	3 🗆 9 🗆 10 🗆 11 🗀 12				
5. GOVERNMENT FINANCIAL ASSISTANCE					
Is the student eligible for Abstudy?	□ No □ Yes				
Is the student receiving a Centrelink Youth Allowance?	□ No □ Yes				
Does the student have a Tax File Number?	□ No □ Yes (Please provide number)				
6. DOES YOUR CHILD HAVE A CRIMINAL RECORD? (Ple	ase tick below)				
□ No □ Yes – if yes, please give details					
Please give the name of their Juvenile Justice Case Worker _					
Do you give permission for us to contact their Case Worker?	□ Ves □ No				

# **B. FAMILY INFORMATION**

1. MOTHER / PARENT 1 / GUARDIAN 1					
Title (please circle): Mrs / Ms / Miss / Mr / Dr					
Given names:					
Surname:					
Place of birth: Date of birth:					
Do you speak a language other than English at home?  If more than one language, please indicate the one that is spoken.	□ Yes □ No en most often:				
What is your relationship to the student? (eg birth mother, aunt, grandmother, sister, family friend)					
Are you the Student's legal guardian? ☐ Yes	□ No				
Does the student live with you permanently? $\hfill\Box$ Yes	□ No				
CONTACT INFORMATION					
Mailing address:					
Postcode:					
Community address (if different from above):					
Postcode:					
Home phone number: Mobile: _					
Work phone number: Email: _					
CULTURAL IDENTITY/ NATIONALITY:					
□ Aboriginal □ Torres Strait Islander □ Aborig					
☐ Other – please specify:					
RELIGION:					
Do you expect the student to access Religious Instruction? ☐ Yes ☐ No					
EMPLOYMENT: Are you currently employed? □ Yes □ Yes					
If yes, please provide details below:					
Name of employer:	Occupation:				
ASSISTANCE: Do you receive any of the following paymer	nts? (please tick)				
□       Parenting Payment       □         □       Sickness Benefit       □         □       Sole Parent Pension       □	Newstart Allowance				
□ CEDP Wages					

PLEASE NOTIFY US IF YOUR ADDRESS & CONTACT DETAILS CHANGE

2. FATHER / PARENT 2 / GUARDIAN 2					
Title (please circle): Mr. / Ms. / Miss / Mrs. / Dr					
Given names:					
Surname:					
Place of birth:Date of birth:					
Do you speak a language other than English at home? ☐ Yes ☐ No					
If more than one language, please indicate the one that is spoken most often:					
What is your relationship to the student? (eg father, uncle, grandfather, brother, family friend)					
Are you the Student's legal guardian? □ Yes □ No					
Does the student live with you permanently? ☐ Yes ☐ No					
CONTACT INFORMATION					
Mailing address:					
Postcode:					
Community address (if different from above):					
Postcode:					
Home phone number: Mobile:					
Work phone number: Email:					
CULTURAL IDENTITY/ NATIONALITY:  Aboriginal					
RELIGION:					
Do you expect the student to access Religious Instruction? ☐ Yes ☐ No					
EMPLOYMENT: Are you currently employed? □ Yes □ No					
If yes, please provide details below:					
Name of employer: Occupation:					
ASSISTANCE: Do you receive any of the following payments? (please tick)					
<ul><li>□ Parenting Payment</li><li>□ Sickness Benefit</li><li>□ Newstart Allowance</li></ul>					
□ Sole Parent Pension □ Pension					
□ CEDP Wages					
PLEASE NOTIFY US IF YOUR ADDRESS & CONTACT DETAILS CHANGE					
3. SPECIAL FAMILY CIRCUMSTANCES					
Are there any special family circumstances? (eg single parent custody, dual custody foster care, access restrictions)					
□ No □ Yes					
If yes, supporting legal documents are required – are these attached?   No Yes  Are there any other conditions enforced by law? Please provide details:					
Are there any other conditions enforced by law? Please provide details:					

## C. STUDENT MEDICAL INFORMATION

This information is to allow our Health and Wellbeing staff at NRL Cowboys House to keep your child healthy and strong while they are going to school and staying with us.

This section must be filled out in full for your child's enrolment forms to be accepted.

1. BASIC HEALTH CARE DETAILS						
WEDICARE Card Number:  Valid to  1234 56789 0	icare	Health  Special and Health				
Community Health Centre:		Phone number:				
Private Health Fund: ☐ Yes	□ No	If yes, please specify:				
Blood group (if known):	Pos/N	/Neg:				
* It is not NRL Cowboys House policy to exclude a borne infection. However, the House does require student's activities and to respond appropriately to Does the student have a Medic Alert bracelet of	a student e full infor o any acc or penda	ent because he/she is a carrier or suffers from a blood formation on the infection in order to manage the accident or emergency.				
Is there any cultural or religious consideration						
	-	ig to student 3 medical of fleditif care.				
2. EXISTING HEALTH CONDITIONS						
Psychological/Mental Health  Behavioural or Safety  Sensory (Vision/Hearing)  □ Yes  □ Yes	□ No □ No □ No					
Please indicate if the student has any of the formula   □ Epilepsy or fits □ Diabetes □ Rheumatic heart disease or other heart sicks   □ Kidney disease or other kidney problems   □ Asthma or other breathing problems		g chronic conditions? (please tick or add details below)  Allergies  Migraines  Ear infection or perforation (hole in the eardrum)  Hearing problems  Eye problems or glasses				
Details of the condition:						

			Duration	By self or needs assistance
				assistance
ON-PRESCRIPTION MEI			tered when require	d (e.g. Panadol, Mylanta etc
Name of medication	Dose	Frequency	Duration	By self or needs
				assistance
STHMA HISTORY				
No ☐ Yes – if yes, p	olease provi	ide details:		
No ☐ Yes – if yes, pame, dose and device use hat signs/symptoms does ame, dose and device use	ed of current of curre	nt preventer medications when their asthmatic interesting the second control in the seco	on:	
ame, dose and device use that signs/symptoms does ame, dose and device use oes student have an asth	ed of current of current of current of current of current of current of action p	ide details:  Int preventer medication  Int preventer medication  Int reliever medication:  Int reliever medication:	on:	
No ☐ Yes – if yes, pame, dose and device use that signs/symptoms does ame, dose and device use the student have an asthuble LLERGIES/ANAPHYLAC	ed of current student discurrent	nt preventer medications splay when their asthmatic interesting interesting interesting in the second in the secon	on: is getting worse? if yes, please prov	vide a copy.
No ☐ Yes – if yes, pame, dose and device use that signs/symptoms does ame, dose and device use the student have an asthuble LLERGIES/ANAPHYLAC	ed of current student discurrent ma action purification purification purification discurrent material	nt preventer medications splay when their asthmatic interesting interesting interesting in the second in the secon	on: is getting worse? if yes, please prov	
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Hepatitis B

Hib

BCG

Polio (OPV)

Diphtheria

# 4. EMERGENCY CONTACT DETAILS (TO BE CONTACTED IF PARENT / GUARDIAN CANNOT BE REACHED)

Name 1:	_ Relationship to student:
Address:	<del>-</del>
Mobile:	
Name 2:	Relationship to student:
Address:	
	_Work phone:
Mobile:	

### D. NRL COWBOYS HOUSE POLICIES

#### 1. FEES & CHARGES

Where possible, all costs will be covered by Abstudy if your student is eligible for assistance. However, families need to provide clothing, personal items and spending money for your student throughout the year.

To provide the best leadership and development program for our students some activities will not be funded by Abstudy. We will endeavour to raise money to meet these costs and may also ask parents for a contribution.

#### 2. STUDENT POCKET MONEY & CENTREPAY

NRL Cowboys House Pocket Money System is designed to educate each student about responsible use of their money. It teaches budgeting skills and ensures equality for all students.

The House does not provide students with additional pocket money or personal spending money. This is the responsibility of the family and student.

You can elect to provide pocket money to your son through the Centrepay deductions. Key Cards are prohibited at NRL Cowboys House for all students regardless of age.

The deduction is automatically transferred by Centrelink to each individual student's Centrepay account. Pocket money may cover purchase of uniforms as required and sufficient funds to enable the student to purchase additional clothing if needed throughout the school term.

Parents do not need to provide addition funds unless they wish to do so. If they choose to do so the additional money MUST go through the NRL Cowboys House Pocket Money System.

Students will be taken on supervised shopping trips two times per term if they require additional personal items (clothing). They can request extra money from their Centrepay account if this has been arranged and will be supported by staff to make these purchases.

#### 3. RETURN OF MONEY

If a student discontinues their enrolment with NRL Cowboys House, any surplus funds will be remitted as follows:

- Funds for students under 18 years will be returned to the Parent/Guardian
- Funds for students over 18 years will be returned to the Student

#### 4. MOBILE PHONE POLICY

NRL Cowboys House Students are permitted to have mobile phones. However their use will be restricted in the following manner:

- Junior Students will be required to hand in phones at bedtime each night and are then returned to the student on returning to the House in the afternoons after school.
- Senior Students will be allowed access to their phones at all times as long as they are used within the ICT guidelines of use. Students must also adhere to the mobile phone policy of their respective school.
- If a student uses their phone irresponsibly it may be confiscated and returned to the student at the end of the school term.
- Mobile phones are to be free of inappropriate or offensive content.
- Mobile phones will not be used during study times.
- The camera or video function on mobile phones is not to be used without explicit permission of both a staff member and the subject (s) of the picture/video being taken.

#### 5. PRIVACY AND INFORMATION POLICY

- NRL Cowboys House collects personal information, including sensitive information about students, parents or guardians before and during the course of the pupil's enrolment at the House. The primary purpose of collecting this information is to enable NRL Cowboys House to providing schooling and to exercise our duty of care to your son while they are a student with NRL Cowboys House.
- Certain laws governing or relating to the operation of the boarding facility require that certain information be collected. These include Public Health & Child Protection Laws.
- Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students when requested.
- NRL Cowboys House occasionally has to disclose personal and sensitive information to others
  for administrative, educational, health and wellbeing purposes. This includes to schools in which
  your student is enrolled, government departments, medical practitioners and people providing
  services to NRL Cowboys House. Including Tutors, coaches, volunteers and counselors.
- If we do not obtain the information referred to above we may not be able to enrol or continue to enrol your son.
- Personal information, including photographs, collected of students will be regularly disclosed to parents or guardians. Information such as academic and sporting achievements, student activities or other news is published in newsletters and on our website.
- Parents may ask for access to personal information collected about them and their son by contacting NRL Cowboys House. Students may also ask for access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, or access may result in breach of NRL Cowboys House duty of care to the students or where students have provided information in confidence.

### **E. STUDENT AGREEMENT**

I, _ edu	(student name) want to come to NRL Cowboys House for ucational reasons and to stay at NRL Cowboys House.
-	I will attend school every day unless I have permission from my Boarding Supervisor.
•	I will return straight home on the bus from school every day unless there are school activities and/ or I have prior permission from the Boarding Supervisor.

- I will study with Tutors and complete further hours of study as required to finish my homework and to hand in my assignments on time.
- I will follow boarding rules and will do tasks around the NRL Cowboys House as asked.
- I will do my very best to return to The House and school on time after my holidays. If I cannot return on time I will call The House BEFORE I am due to arrive back in Townsville.
- I agree to pay for any damages I cause to NRL Cowboys House property.
- I understand that there will be no relationships of a sexual nature while I am living at NRL Cowboys House.
- I will treat respectfully my fellow students, NRL Cowboys House Staff and all people that I come in contact with during my time at NRL Cowboys House.

I have read and understand these conditions. I accept and will abide by them.			
(Student signature)	(Date)		

# F. PARENTAL CONSENT & AGREEMENTS

1.	GENERAL PARENTAL AUTHORITY AND CONSENT
_	I agree for the Boarding Supervisor at NRL Cowboys House to act on my behalf in matters concerning the welfare of my child.
	□ Yes □ No
2.	CONSENT TO WEEKEND VISITS (maximum of 2 weekends per term)
_	In conjunction with the Boarding Rules of NRL Cowboys House, my child has my permission to stay overnight or on weekends with nominated people for a maximum of 2 weekends per term.
	□ Yes □ No
Na	ame 1: Relationship to student:
Ac	ddress:
Ph	none number:
Na	ame 2: Relationship to student:
Ac	ddress:
Ph	none number:
3.	PRIVACY POLICY
me ne	s part of NRL Cowboys House activities there may, on occasion, be a need for The House or invited edia to take photographs and /or video footage of your son for publication in newspapers, ewsletters, training videos, school/ NRL Cowboys House websites and documentation. Please dicate below if you do/do not wish your son to feature in such publicity. In most circumstances the lages will not include any personal information regarding the student's identity.
_	I agree that photographs and /or video footage of my son may be taken and used for these purposes.
	□ Yes □ No
<b>,</b>	I agree that the information supplied on the Student Information and Family Information sections of this form can be provided to the relevant parties for the stated purposes.
	□ Yes □ No
4.	TRANSPORT POLICY
•	I/We consent to my child travelling under the supervision of NRL Cowboys House staff on the House Bus or on public transport or by private car as required and whenever such travel is necessary in connection with The House activities.
	□ Yes □ No
5.	MEDICAL EMERGENCY AUTHORISATION
•	I authorise NRL Cowboys House to seek medical / dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise that, if an emergency occurs requiring surgery, anaesthetic, oxygen, or blood transfusion, medication and I am unable to be contacted within a reasonable time, NRL Cowboys House has the authority to authorise on my behalf treatment as recommend by an accredited medical practitioner.
	□ Yes □ No

6.	AUTHORITY	Y/CONSENT TO SUPPLY MEDICAL INFORMATION		
	I authorise medical information about my child to be released and to be given to NRL Cowboys House and any Medical Practitioners/ Health Authorities so they can look after my child's health and administer standard treatments to ensure optimal health care for my child.			
	□ Yes	□ No		
7.	AUTHORITY	Y/CONSENT FOR VACCINATIONS		
▲ I also give consent for my child to receive vaccinations and immunisations (eg polio, hepatitis B rubella, tetanus) as recommended by a registered medical practitioner; to receive medical examination and emergency medical treatment if required as well as attend education sessions topics deemed relevant or essential by NRL Cowboys House.				
	☐ Yes	□ No		
8.	AUTHORITY	Y/CONSENT FOR GENERAL HEALTH SERVICES		
		munity Foundation has partnered with the Townsville Aboriginal and Islander Health b) to provide comprehensive health services at NRL Cowboys House.		
off en	ering all stud sure that stud	rning, TAIHS will help each student achieve and maintain their best possible health by ents a complete Health Check at the start of Term 1. This Health Check will help dents are ready for learning by identifying or ruling out issues such as hearing and s. The assessment will cover hearing, vision, dental and general health and well-being.		
		m parents/guardians of any concerns arising from the Health Check, and will discuss ardians any follow-up required.		
fol	low- up. We v	TAIHS GP will make a referral to the relevant specialist or other health provider for any will only share health-related information with other health providers if we have an consent to do so.		
In	<ul><li>Working medica</li><li>Administ seizure</li><li>Resport</li></ul>	e initial health check, TAIHS can support the ongoing health needs of your child by: g with NRL Cowboys House staff to handle daily health needs of students including tion stration, non-invasive procedures, and care for chronic illness (diabetes, asthma, s, life threatening allergies and other concerns) and ing to any immediate health concerns, during clinic hours; and the health information and education to students.		
•	care from TA	nt for my child to have a complete Health Check in Term 1, receive ongoing health AIHS and for TAIHS to share health-related information with other health providers for of making a referral and/or coordinating health care.		

☐ Yes

□ No

#### 9. CHECKLIST AND ACKNOWLEDGEMENT

- ▲ I/We have completed this application form fully and to the best of my/our knowledge.
- ▲ I/We acknowledge and accept that if it can be demonstrated that I/We have withheld information relevant to this application, especially in relation to this student's individual needs, medical conditions, health care requirements, Parenting Orders or other Court Orders then the application may be refused or enrolment terminated.

•	I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes):					
		Birth Certificate				
		Two most recent school report	rts and NAPLAN test results			
		Relevant Family Court Orders	s (where applicable)			
		Medical reports and/or specia	al needs information including clin	ical/educational assessments		
		Immunization Record				
		Tax file number (if applicable)	)			
		Details of any medications – prescription & non-prescription				
		Details of any allergies				
		Centrepay deduction form fro	m Centrelink if you elect to provid	le pocket money		
	mus I/We acce	st be kept up to date throughou e acknowledge that completion	plication is successful the informat the enrolment period at NRL Co of this form does not necessarily se and that final selections will be riteria.	wboys House.  follow that our student will be		
10	.SIG	NATURE OF PARENT(S) / GI	JARDIAN(S):			
Οι	ur sig	gnature(s) below confirm our aç	greements, authorisations and co	nsents as recorded above.		
		Name	Signature	Date		
_		Name	Signature	 Date		