# ST AUGUSTINE'S COLLEGE
# CONFIRMATION OF ENROLMENT

ROMAN CATHOLIC TRUST CORPORATION FOR THE DIOCESE OF CAIRNS
TRADING AS ST AUGUSTINE'S COLLEGE CRICOS PROVIDER NUMBER 00509D

Student's Full Name

Commencement Year Level | Term | Year

## STATUS

Weekly Boarder ☐ Full-time Boarder ☐

## CHECKLISTS

Please note failure to disclose relevant information may result in the enrolment not proceeding or reviewed.

### PLEASE COMPLETE AND SIGN FOLLOWING

- ☐ Information for College Health & Wellbeing Centre
- ☐ Emergency Contact Person Form
- ☐ Media and Communications Consent Form
- ☐ Digital Network Acceptable Use Policy
- ☐ Laptop User Agreement
- ☐ Mobile Device Acceptable Use Guidelines
- ☐ Conditions of Enrolment
- ☐ Revision of Financial Obligations Form

### BOARDING FAMILIES ONLY

- ☐ Mobile Device Acceptable Use Guidelines Agreement – Appendix 1
- ☐ Permission to Administer Medication

### FINANCIAL DOCUMENTATION – ALL FAMILIES

- ☐ Fee Payment Agreement and Direct Debit form

Parent/Legal Guardian/Caregiver 1 | Signature | Date

Parent/Legal Guardian/Caregiver 2 | Signature | Date

OFFICE USE ONLY Receipt No. | Date | Student Code

Entered: eMinerva | Initial | Finance | Initial | Boarding

# ST AUGUSTINE'S COLLEGE
## ACCEPTANCE OF ENROLMENT

Student's Full Name

Commencing Year Level

Parent/Legal Guardian/Caregiver 1

Parent/Legal Guardian/Caregiver 2

Residential Address

Residential Address

Postal Address (if different)

Postal Address (if different)

Home

Work

Home

Work

Mobile

Mobile

Email

Email

Please read and tick statements below

- ☐ I/We are pleased to accept the Offer of Enrolment for our son and include the $200 non-refundable confirmation of enrolment fee. If boarding, a further $500 boarding bond is required (total payable for boarding is $700).
- ☐ I/We understand that this Offer of Enrolment is based on the information supplied in the enrolment application form and subsequent interview. I/We acknowledge that if any misleading information or omission of significant, relevant documentation in relation to this enrolment is discovered after acceptance is offered and accepted, will jeopardise the ongoing enrolment of the student at the discretion of the College Principal.
- ☐ I/We understand that all fees at our son's current school must be finalised prior to commencing at St Augustine's College.
- ☐ I/We understand the financial obligation in relation to our son at St Augustine's College and commit to paying fees in full as they fall due.

Parent/Legal Guardian/Caregiver 1 Signature

Parent/Legal Guardian/Caregiver 2 Signature

**All documents and the confirmation of enrolment fee must be completed by**

Failure to return documentation and make payment by this date may see your son's position offered to a student on our waiting list.

# CONDITIONS OF ENROLMENT

St Augustine's is a College built on co-operation, friendliness and integrity where all concerned (students, staff, parents, and priests) take an active part in the College and work together to provide the best possible education. Parents who wish their sons to be educated at this College are asked to read and sign the following as an affirmation of their acceptance and support of College expectations.

- St Augustine's is a Catholic School in which education in faith has a privileged place along with the pursuit of excellence in academic and cultural education. All students take part in religious education programs. The College also provides other opportunities for its students to express and deepen their faith at Masses and in other sacraments, in prayer, in Christian service and witness, and in the entire College environment and atmosphere. Ideally, the work of the College in this regard acts as a support to that which is happening in the home.
- Politeness and respect for others, College property and facilities are an essential part of College life.
- While travelling, students are to be polite and well-mannered.
- College expectations apply from the time a student leaves home until he arrives home again. During this time, the consumption and/or possession of cigarettes, alcohol and illegal drugs, or the use of illegal weapons is forbidden.
- Whilst under College authority, all students are expected to maintain a high standard of self-discipline and to conduct themselves in a well-behaved manner in accordance with the Code of Student Behaviour outlined in the *Student Diary.*
- Punctuality and regular attendance at the College and all lessons are essential. Attendance at times prescribed by the College is expected.
- The extra-curricular activities are a necessary part of the College's program. Students are enrolled on the understanding that they join in sports, retreats, camps, excursions and similar activities as required or requested.
- Students who have the ability and talent to represent the College in sport, debating and other cultural activities are expected to share these as one way of building up the College spirit.
- Full College uniform is to be worn as designated and grooming should be in keeping with College regulations, even when students are travelling to and from the College.
- The College is a non-profit organisation where expenses are shared by all parents, and so all are required to pay fees promptly at the beginning of each term. Year 12 will not be issued with an account in Term 4 (except for boarding fees). Confidential concessions may be arranged with the Principal in particularly difficult circumstances.
- The Senior Leadership Team of St Augustine's College reserves the right to inspect students' lockers, bags or personal belongings if there is reasonable cause to believe that the safety and wellbeing of other students is threatened.
- I/We give permission for the College to bank into its Book Loan Account the annual cheque from the Queensland Government for the purpose of Textbook Allowance for as long as my/our son remains a student of the College.
- I/We give permission for my/our son's National Literacy and Numeracy (NAPLAN) test results, relevant literacy and numeracy diagnostic testing, Learning Support files and any other specialist information that will support my/our son in his education at St Augustine's College to be passed on from the primary/secondary school my/our son is currently attending.
- I/We authorise the College, in case of serious accident or emergency, and only when unable to make contact with me/us in reasonable time, to take whatever decisions it judges best for the health or medical treatment of my/our son.
- I/We are not aware of any outstanding fees or charges in relation to the student that I/we are responsible for at another Catholic school.
- I/We understand that if any misleading information has been provided, or any omission of significant, relevant information, acceptance will not be granted, or if discovered after acceptance is offered and accepted, will jeopardise the ongoing enrolment of the student at the discretion of the College Principal.

**I have read the above and agree with the conditions of enrolment stated.**

| Parent/Legal Guardian/Caregiver 1 | Signature | Date |
|---|---|---|
| | | |
| Parent/Legal Guardian/Caregiver 2 | Signature | Date |
| | | |

STUDENT UNDERTAKING – I have read the above requirements of me as a student at St Augustine's College and undertake to maintain my commitment to these guidelines as stated by the College.

| Student name | Student Signature | Date |
|---|---|---|
| | | |

# ST AUGUSTINE'S COLLEGE
## INFORMATION FOR HEALTH & WELLBEING CENTRE

The information supplied on this form will be used only for the medical care of students.

Student's Full Name

DOB

**Please provide Medicare details for your child**

Medicare Card Number

Child's Position

Expiry Date

Does your son have any of the following conditions?

| | | | |
|---|---|---|---|
| ADHD | ☐ | Cardiac Condition | ☐ |
| Allergies Food | ☐ | Deafness | ☐ |
| Allergies Medication | ☐ | Diabetes | ☐ |
| Allergies Other | ☐ | Epilepsy | ☐ |
| Asperger's Syndrome | ☐ | Skin Conditions | ☐ |
| Asthma | ☐ | Vision Impaired | ☐ |
| Autism | ☐ | Other Conditions | ☐ |
| Blood Disorder | ☐ | | |

Details of any other conditions

Swimming ability (please tick one)

☐ Non-swimmer ☐ Intermediate

☐ Beginner ☐ Advanced

Allergy details

Treatment required

Will your son require any medication to be administered by a member of the College staff while he/she is at school, or on a school activity?

Yes ☐ No ☐ If Yes, please provide details

Please list any infectious diseases he/she has had

Has he/she any physical impairment?

## RELEVANT PREVIOUS HISTORY

The College has a responsibility to assess and manage any risk of harm to its staff and students. To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students, or staff at this school?

Yes ☐ No ☐

If "Yes" please provide a brief history of student's medical or other history which might pose a risk of any type to the student, other students, or staff at this school.

Please provide contact details of health professionals and other relevant bodies that have knowledge of these issues.

Has the student any past history of violent behaviour? Yes ☐ No ☐
If "Yes", please provide details.

Did this involve being suspended or expelled from any previous school, pre-school, or other educational institution?

Yes ☐ No ☐ If Yes, was this for (please tick)

- ☐ Actual violence to any person?
- ☐ Illegal drugs?
- ☐ Possession of weapon or any item used to cause injury?
- ☐ Threats of violence or intimidation of staff, students, or others at the school?

Are you aware of any other incidents of the kind listed above that involved the student outside of the school setting?

Yes ☐ No ☐

If "Yes", provide a brief outline of these matters.

If the student is enrolled, it is essential that the College has all information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The College MUST be advised promptly of any changes to the needs of the student. The College will regularly assess its ability to provide adequate services for these needs.

| Parent/Legal Guardian/Caregiver 1 Signature | Parent/Legal Guardian/Caregiver 2 Signature | Date |
|---|---|---|
| | | |

# Information for parent/carers and health practitioners

This information sheet provides advice for parents/carers and their child's health practitioner/s regarding the documentation required for Catholic Education - Diocese of Cairns (CEDC) schools to safely administer medication to students while they are at school or school-related activities.

## 1. For all medications

For medication to be administered during school hours and/or during school-related events, provide the school with:

a) a completed Medication permission form (contact school for copy).
b) the medication with an attached dispensing label, in its original container, with intact packaging. Original packaging includes any dose administration aids (DAA) packed by pharmacies e.g. e.g. DoseAid sachets or Webster-paks. Self-filled, compartmentalised boxes and/or blister cards or sleeves removed from original packaging are not acceptable

## 2. Information from your child's medical practitioner

For most routine and as-needed, non-emergency medications, the dispensing label attached to the medication provides the school with the instructions from the medical practitioner needed to safely administer the medication. Examples of routine and as-needed, non-emergency medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets, ointments and general antihistamines.

The school will only **require additional written information** from the prescribing medical practitioner if your child:

a. requires medication as an emergency response. Depending on your child's health condition, your doctor will need to complete:
    i. an Asthma Action Plan (preferred template here) and/or
    ii. an Anaphylaxis Action Plan (preferred template here)and/or
    iii. a Diabetes Management Plan and/or
    iv. an Epilepsy Management Plan and/or
    v. written instructions if your child has more complex health needs.
b. requires insulin. Your doctor will need to complete a diabetes management plan.
c. has their prescribed medication discontinued (not required for short term medications such as antibiotics).
d. has their administration instructions (e.g. dosage, timing, etc.) changed from that on the current dispensing label (*e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin*). Your medical practitioner will need to write a letter for the school that includes the following:
    i. the name of the student
    ii. the name of the medication
    iii. details of the change and the date the change is to be implemented from
    iv. the prescribing health practitioner's signature and date, and
    v. evidence of the medical practice i.e. on a letterhead or stamp/sticker.

    To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the dispensing label attached to the medication with the new dosage as soon as possible.

*Please note that any changes to the administration of your child's medication will require the completion of a new medication permission form.*

## 3. If you wish for your child to self-administer their medication

Self-administration refers to when the student carries and administers their own medication. Self-administration is common for many students, depending on their age, maturity level and other considerations. For students living with a chronic condition, it is often desirable that they start self-administering at a young age, so they can better learn to manage their needs.

On the Medication permission form, you can nominate if you would like your child to administer their own medication. The school will assess the request to ensure that your child and no other students will be at risk and make a decision. Particular caution will be exercised for students under the age of 10.

*Note: By law, Schedule 8 medications (including Concerta and Ritalin), cannot be self-administered within a school. For insulin injections, self-administration must always occur under staff supervision, and in a controlled environment, such as a closed room or sick bay.*

## 4. Pill-cutters

If the dosage of your child's medication requires tablets to be cut *(e.g. ½ tablet of Ritalin)* you will need to supply the school with a pill-cutter, labelled with your child's name. This will be stored with and used for your child's medication only.

## 5. If requirements are not met

If any of the requirements listed above cannot be met, school staff will be unable to administer medication to your child. In these circumstances, you will need to attend the school to personally administer your child's medication until requirements can be met.

## 6. Expired or discontinued medications

Where medications have expired or the school has received written medical authorisation to discontinue use of a medication, you will need to pick up the left-over medications. Some schools may offer to dispose of the medications through the Return Unwanted Medicines program, but the school will still need written permission (text or email) from you.

# Analgesics (pain killers)

There are a few select products that meet medication exemption thresholds under the *Therapeutic Goods (Poisons Standard) Instrument 2023 (Cmlth.)*, therefore the school does not need medical authorisation to administer them, only the completed Analgesic permission form (the school will still confirm with the parent prior to administering analgesics).

If you would like for your child to carry and administer their own analgesics (commonly secondary students), you will need to complete the Analgesic permission form as well.

If you wish for your child to receive or carry an analgesic that is not listed on the Analgesic permission form, then it will be treated as a regular medication in line with regulations, and will require the Medication permission form, as well as a dispensing label from the pharmacy with your child's name on it (medical authorisation).

# Approved Analgesic Products (Paracetamol and Ibuprofen)

Although not required, some schools may choose to make basic analgesics such as paracetamol and ibuprofen available for students. This is at the discretion of the principal. There are a few select products that are exempted under the Poisons Standard as a medication, therefore the school does not need medical authorisation to administer them, only the completed Analgesic permission form (the school will still confirm with the parent prior to administering analgesics). This would also remove the need for students to bring in individual packets of analgesics. The same rule applies for students wishing to carry their own analgesics that correspond to the list below.

For these concessions to apply, paracetamol and ibuprofen may only be administered in preparations that meet the exemptions outlined in the *Therapeutic Goods (Poisons Standard) Instrument*. Catholic Education Services has provided the following list of approved paracetamol and ibuprofen products for students aged 7 years and over, with parental permission. The administration of **any** products that deviate from the approved products below (e.g. liquid elixirs, number of tablets, strength, age rating, etc.) may void exemptions within the Poisons Standard. Where parents wish for their child to use a differing product, this will be managed as a medication, and the Medication permission form must be used.

Where a school wishes to have more analgesics on hand, they will need to purchase multiple packets of the product from the list below, otherwise the exemptions within the Poisons Standard will not apply. For example, 4 x 12 packs of ibuprofen from the approved list below would meet exemptions but a 48 pack would not.

| | Paracetamol | Ibuprofen |
|---|---|---|
| **Primary Schools (7+ years)** |  Panadol Chewable Tablets 7+ Years 120mg, 12 pack |  Nurofen for Children 7+ Years Pain and Fever Relief Chewable Capsules 100mg, 12 pack |
| **Secondary Colleges** |  Panadol Tablets 500mg, 20 pack |  Nurofen Pain & Inflammation Relief Tablets 200mg, 12 pack |
| |  Panadol Mini Caps 500mg, 20 pack |  Nurofen Pain & Inflammation Relief Caplets 200mg, 12 pack |

For more information, please contact the WHS team.

# Analgesic permission form
## (paracetamol and ibuprofen)

Privacy Statement: St Augustine's College collects the information contained in this form to provide or arrange first aid and other pain relief for students. The information collected will be held at St Augustine's College and will only be made available to authorised staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Information Privacy Act 2009 (Qld).

This form is a record of a parent/carer's permission for the school to administer the indicated, 'as-needed' analgesic to their child aged 7 years and over. This form is not suitable for students aged 6 years and under.

Paracetamol and ibuprofen may only be administered in preparations that meet the exemptions outlined in the Therapeutic Goods (Poisons Standard) Instrument. Catholic Education Services has provided a list of approved analgesic products that are able to be administered to students aged 7 years and over, with parental permission, without the need for student specific medical authorisation. Using any products that deviate from the approved products below (e.g. liquid elixirs, number of tablets, strength, age rating, etc.) may void exemptions within the Poisons Standard. Where parents wish for their child to use a product that is not on the list below this will be managed as a medication, and the Medication permission form must be used.

This permission form should be renewed annually.

## A. STUDENT & ANALGESIC DETAILS: Parent/Carer to complete

| | | | |
|---|---|---|---|
| STUDENT NAME | | | |
| DATE OF BIRTH | | YEAR/CLASS | |
| PARENT/CARER NAME | | PHONE NUMBER | |
| I GIVE PERMISSION FOR THE FOLLOWING ANALGESIC/S TO BE ADMINISTERED TO MY CHILD | | | |
| PRIMARY SCHOOL (AGED 7+) | ☐ Panadol Chewable Tablets 7+ Years 120mg<br>☐ Nurofen for Children 7+ Years Pain and Fever Relief Chewable Capsules 100mg | | |
| SECONDARY COLLEGES | ☐ Panadol Tablets 500mg<br>☐ Panadol Mini Caps 500mg<br>☐ Nurofen Pain & Inflammation Relief Tablets 200mg<br>☐ Nurofen Pain & Inflammation Relief Caplets 200mg | | |
| HAS YOUR CHILD PREVIOUSLY SHOWN ANY SIDE EFFECTS AFTER TAKING ANY OF THE INDICATED ANALGESICS? | ☐ Yes (describe below) | ☐ No | |
| | | | |
| ADDITIONAL INFORMATION | | | |

- I have read and understand the Medication information for parents fact sheet and agree to abide by the terms and conditions within.
- I understand that I will be notified if my child is unwell, and analgesics have/will be administered. This is for temporary symptomatic relief only and will not replace any further care when required.

| | | | |
|---|---|---|---|
| PARENT/CARER SIGNATURE | | DATE | |

NOTE: If you would like your child to self-administer this analgesic, please also complete Section B below.

## B. SELF-ADMINISTRATION DETAILS (OPTIONAL): Parent/Carer to complete

NOTE: In all cases and at any time, the principal/authorised delegate may disallow student self-administration for health and/or safety reasons.

- I confirm that my child is confident and competent to safely administer the right dose of their analgesic/s when required.
- I confirm that my child can store their analgesic/s securely and will not give other students access to the analgesics.

| | | | |
|---|---|---|---|
| PRIMARY SCHOOL AGED STUDENT | ☐ I seek approval from the principal/authorised delegate for my child to self-administer the analgesic/s listed. | | |
| SECONDARY SCHOOL AGED STUDENT | ☐ I approve for my child to self-administer the analgesic/s listed. | | |
| PARENT/CARER SIGNATURE | | DATE | |

## C. AUTHORISATION AND STORAGE: Principal/authorised delegate to complete

NOTE: The Self-administration checklist is recommended when considering requests for primary-school aged students.

THE ANALGESIC/S LISTED ARE:

☐ To be administered by school staff

☐ Approved for student self-administration

| | | | |
|---|---|---|---|
| PRINCIPAL/AUTHORISED DELEGATE SIGNATURE | | DATE | |

ST AUGUSTINE'S COLLEGE
MEDIA & COMMUNICATIONS CONSENT

# PHOTOGRAPHIC, VIDEO, AUDIO, COMMUNICATION CONSENT & RELEASE

## What is this consent form for?

Catholic Education Diocese of Cairns schools collect digital, photographic and multimedia images of students for a wide range of reasons, such as:

- student participation at school and in school events;
- celebrating student achievements; and,
- promotion of an individual school, and/or Catholic Education Services and/or our associated entities.

These images are considered "personal information" of students. *The Privacy Act 1988* (Cth) and the CEDC Privacy Policy regulates how CEDC schools collect, use and disclose the personal information of students and families.

CEDC's Privacy Policy can be found on the CEDC website (www.cns.catholic.edu.au/privacy). Media access is managed and supervised by CEDC and schools.

- The school and CEDC have the right to refuse media access where it would, in the opinion of the Principal and CEDC, interfere with the student's well-being or with the operation of the school;
- Media access to CEDC facilities is entirely at the discretion of CEDC; and
- Media access to students will be managed by representatives of the school and CEDC.

Catholic Education Diocese of Cairns schools require informed consent from parents/legal guardians and in some cases students, to use their images. The following consent form outlines various consent permissions.

## Who should sign the consent form?

The student's parents/legal guardians should sign (by submitting an electronic response) the form. If the student is legally an adult (18 years of age or over), they should also submit (in paper form) a signed copy of the form. Please contact the school to arrange this, if necessary. This ensures that the student is aware consent has been given or withheld.

Regardless of the consent type provided, parents/legal guardians should inform the student of their decision in an age-appropriate manner.

While the school and CEDC will make all reasonable efforts to ensure that only appropriately authorised persons complete the consent form and respond to the authorisation section, CEDC will not be responsible for circumstances in which it is misled as to the identity and authority of that person.

**You must choose one type of consent from the options listed.**

## What happens once consent form has been completed?

The consent form will become part of the student's electronic record and retained by the school on behalf copy of the form will be made available to the student and/or the student's parents/legal guardians.

You may, at any time, amend the consent you provide by contacting the school and completing a new form. Should you require any further information, please contact your school's Principal.

This form is managed by CEDC's Communications and Marketing office. For further information, please

contact: Communications Officer
Catholic Education Diocese of Cairns
07 4050 9700

## Consent Types and Selection

These fields are for the parents/students to complete when making their response.

## Photographic, video, audio, communication consent and release

You are asked to choose one type of consent from the two options outlined below:

☐

### **Public** (broad consent)

The student / I, may be photographed, videoed or recorded, for use in media including:

- social platforms such as Facebook, Twitter, Instagram, etc
- public websites
- either school, CEDC or other associated entities
- that are not password protected. Published material may include:
  - public newsletters
  - performances
  - events
- public publications and promotional material
- public media events that may include:
  - student's selection in regional, state or national teams
  - visits made by VIPs to the school
  - news outlet's visits
  - publicity for the school and its events
  - participation in musical or dramatic performances or participation in community events such as ANZAC day commemorations.

By choosing this option, I authorise the school and CEDC to take and use any photographs, video or sound recordings of the student/me and any other reproductions or adaptations of the student's/my likeness or the student's/my work ('the material'), or the student's/my name, either in full or part, in any school, CEDC authorised or associated publication, production and presentation, which may include publication on public websites operated by the school, CEDC or associated entities (with or without password protection), social media.

☐

### **None** (no consent)

The student / I, will not be photographed, videoed, or recorded. They / I:

- will not be photographed for formal school, class or individual photos
- will be asked to stand aside for photography, videoing and recording of performances and/or events.

I acknowledge that my child / I will not be photographed, videoed, or recorded in any circumstance, other than student ID photo.

Student's Legal Name

Student's Date of Birth

Student's Signature

Date

If the student is under 18, both Parents/Legal Guardian/s are required to sign this consent form. If this is not possible due to extenuating circumstances, please discuss with the Principal.

Parent/Legal Guardian/Caregiver 1

Parent/Legal Guardian/Caregiver 2

Signature

Signature

Address

Address

Postcode

Postcode

Any personal information will be sorted, used and disclosed in accordance with the requirements of the Privacy Amendment Act 2001 *(Commonwealth).*

# ST AUGUSTINE'S COLLEGE
# ADDITIONAL CONTACT PERSON

Additional Contact Person details in the context of this form refers to any person nominated by the Parent/Legal Guardian(s) on the basis of having **financial responsibility**, providing some degree of **care** or acting as an **emergency contact** for the student.

## Student Details

**Legal First Name:**

**Legal Surname:**

**Date of Birth:**

**CES Student ID** *(if known)*:

## Additional Contact Person's Details

**Title:**
☐ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr ☐ Fr
☐ Sr ☐ Br ☐ Rev ☐ Prof

**Gender:**
☐ Male ☐ Female

**Legal Surname:**

**Legal First Name:**

**Other Given Name(s):**

**Preferred Surname:**

**Preferred First Name:**

**Date of Birth:**

**Residential Address**
☐ Same as Parent/Legal Guardian/Caregiver 1
☐ Same as Parent/Legal Guardian/Caregiver 2

**Street Address:**

**Suburb/Town:**

**State:** **Postcode:**

**Country** *(if not Australia)*:

**Postal/Correspondence Address**
☐ Same as Residential address

**Postal Address:**

**Suburb/Town:**

**State:** **Postcode:**

**Country** *(if not Australia)*:

**Billing Address** *(if required)*
☐ Same as Residential address
☐ Same as Postal/Correspondence Address

**Postal Address:**

**Suburb/Town:**

**State:** **Postcode:**

**Country** *(if not Australia)*:

| Contact Method Type | Order (Indicate best contact order) | Silent (Is this number silent? Y/N) |
|---|---|---|
| **Home Telephone Number:** | | |
| **Mobile Telephone Number:** | | |
| **Email Address:** | | |

| Contact Method Type | Order (Indicate best contact order) | Silent (Is this number silent? Y/N) |
|---|---|---|
| **Work Telephone Number:** | | |
| **Work Mobile Telephone Number:** | | |

**Email may be used for billing purposes** ☐ **Yes** ☐ **No**

**What is the relationship of this person to the student?** *(Tick one (1) only*

- ☐ Mother
- ☐ Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Home Stay Parent
- ☐ Home Stay Sister
- ☐ Home Stay Brother
- ☐ Aunt
- ☐ Uncle
- ☐ Niece
- ☐ Nephew
- ☐ Cousin
- ☐ Friend
- ☐ Doctor
- ☐ Sister
- ☐ Brother
- ☐ Half Sister
- ☐ Half Brother
- ☐ Step Sister
- ☐ Step Brother
- ☐ Foster Sister
- ☐ Dentist
- ☐ Legal Guardian *(for Dept. of Communities only)*
- ☐ Care Provider
- ☐ Counsellor/Social Worker
- ☐ Agent
- ☐ Reg. Exchange Org
- ☐ Foster Brother

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**

☐ Yes. Indicate the priority in which this person is to be contacted (e.g. 1st, 2nd, 3rd, 4th, etc.)

☐ No

**Legal Guardian:**
If this person is not a birth or adoptive parent, then legal documentation must be attached.

☐ Yes ☐ No

**Caregiver:**
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

☐ Yes ☐ No

**Is this person to receive any of the following forms of Communication?**

**Report Cards/Progress Reports:**

☐ Yes ☐ No

**Newsletters:**

☐ Yes ☐ No

**Invitations:**

☐ Yes ☐ No

**School Portal Access:**

☐ Yes ☐ No

**Does this person reside with the student?**

☐ Yes ☐ No

**Does this person require the assistance of an interpreter?**

☐ Yes ☐ No

**SIGNATURE** of Parent or Legal Guardian 1

**PRINT NAME** of Parent or Legal Guardian 1

**RELATIONSHIP** to Student

**DATE SIGNED**

**SIGNATURE** of Parent or Legal Guardian 2

**PRINT NAME** of Parent or Legal Guardian 2

**RELATIONSHIP** to Student

**DATE SIGNED**

ST AUGUSTINE'S COLLEGE
FINANCIAL OBLIGATIONS

## FINANCIAL TERMS

This form is to be used when Account Holder financial arrangements change. School fees and charges are set and published by the school/college each year. Statements are sent to the nominated Account Holder(s).

This section records my/our financial obligations arising from my/our child's enrolment and attendance at the School.

1. I/we agree to pay, as a debt due and owing to the School, school fees, levies and building fund contributions invoiced by the School to me/us at the prevailing rates set by the School from time to time. This is a fundamental term of this agreement and a condition of continuing enrolment at the school (subject to Clause 4).
2. A further fundamental term of this agreement is that I/we agree to pay school fees and accounts at previous diocesan schools in full, or negotiate satisfactory alternative arrangements. I/we accept that the Principal will seek a clearance from previous diocesan schools attended by my/our child.
3. Except where a direct debit facility acceptable to the School is in place, I/we will pay the school fees, levies and building fund contributions within 14 days from the date of the School's invoice.
4. I/we am aware the school may provide fee remissions for families in genuine financial hardship.
5. I/we acknowledge that inability to meet financial obligations will require a personal interview with the Principal or nominee.
6. Should my/our child exit the School part way through a term, the refund of fees and charges will be at the discretion of the School.
7. I/we acknowledge that, should financial obligations in the Enrolment Agreement not be met, School academic reports may be withheld and the enrolment status may be reviewed.
8. If any payment is not made by the due date, the School will be entitled, in its absolute discretion, to charge interest on the overdue balance at the rate of 10% per annum from the due date of the School's invoice to the date of payment. Interest will:
   (a) accrue from day-to-day;
   (b) be calculated from the due date for payment of the invoice until payment; and
   (c) be calculated using a simple interest method.
9. I/we acknowledge that my/our obligation to pay school fees, levies and building fund contributions is without deduction, set-off or counterclaim.
10. In the event that the School takes legal action (including court action) to recover school fees, levies or building fund contributions, I/we agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the School.
11. I/we acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I/we submit to the non-exclusive jurisdiction of courts at Cairns, Queensland and waive any right I/we may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
12. By signing this agreement, I/we consent and agree to the School:
    a) accessing and using information about my/our credit worthiness from a credit reporting agency in order to assess my/our application for enrolment;
    b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
    c) in the event of non-payment of school fees, levies and building fund contributions, entering my/our name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I/ we release and discharge the School from any liability or claim arising out of or in connection with any such dealings with a credit reporting agency.
13. I/we acknowledge that the School has informed me/us that my/our personal information may be disclosed to a credit reporting agency.

## FINANCIAL AGREEMENT

By choosing and accepting **one** of the financial arrangement options below, the account holders:

- agree to be account holder(s) and accept financial responsibility for the school fees, levies and charges incurred for the enrolment of (Student Name) _____
- agree that this arrangement is to be in place from__D D / M M /_Y Y Y Y and will apply to the fees, levies and charges incurred from this date until the conclusion of his/her enrolment at the school/college or until a new financial arrangement is made in writing.
- have read and accept the Financial Terms
- undertake to pay school fees, levies and charges by the due date and understand that it is the responsibility of each account holder to approach the school to discuss payment options should difficulties arise meeting this obligation
- understand that as an account holder, additional details are to be provided on an Additional Contact Person Form or as a Related Person in the Revision of Information Supplied Form for the student (as a Parent/Legal Guardian/Caregiver).

## FINANCIAL ARRANGEMENT OPTIONS *(Please select **one** of the following **three** options)*

| ☐ **Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY**<br>*(Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible)*<br>*Where two parties, e.g. a mother and father, assume joint financial responsibility for 100% of the account.*<br>**Both account holders will receive an individual fee statement to nominated email address** | | **% of Fees, Levies and Charges** |
|---|---|---|
| Account Holder 1 Full Name: | | **100%** |
| Acceptance: | Account Holder 1 Signature SIGN HERE | |
| Date Signed: | | |
| Account Holder 2 Full Name: | | |
| Acceptance: | Account Holder 2 Signature SIGN HERE | |
| Date Signed: | | |
| ☐ **Option 2: SOLE FINANCIAL RESPONSIBILITY**<br>*(100% responsibility is allocated to one person who is nominated as the Account Holder). Where only one party, e.g. a mother or a father, assumes financial responsibility for 100% of the account* | | **% of Fees, Levies and Charges** |
| Account Holder Full Name: | | **100%** |
| Acceptance: | Account Holder Signature SIGN HERE | |
| Date Signed: | | |
| ☐ **Option 3: SPLIT FINANCIAL RESPONSIBILITY**<br>*(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder).*<br>*Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50% and father - 40% and a grandmother - 10%.* | | **% of Fees, Levies and Charges** |
| Account Holder 1 Full Name: | | ____% |
| Acceptance: | Account Holder 1 Signature SIGN HERE | |
| Date Signed: | | |
| Account Holder 2 Full Name: | | ____% |
| Acceptance: | Account Holder 2 Signature SIGN HERE | |
| Date Signed: | | |
| Account Holder 3 Full Name: | | ____% |
| Acceptance: | Account Holder 3 Signature SIGN HERE | |
| Date Signed: | _ | |
| Account Holder 4 Full Name: | | ____% |
| Acceptance: | Account Holder 4 Signature SIGN HERE | |
| Date Signed: | | |
| | **Total (must equal 100%)** | **100 %** |

# ST AUGUSTINE'S COLLEGE
# 2027 SCHEDULE OF FEES AND CHARGES

**AUSTRALIAN / NEW ZEALAND CITIZENS - THE FOLLOWING DOES NOT APPLY TO OVERSEAS STUDENTS**

| ENROLMENT FEES | | |
|---|---|---|
| Enrolment Application Fee (non-refundable) | | $100.00 |
| Day School Enrolment Confirmation Fee (non-refundable) | | $200.00 |
| Boarder Enrolment Confirmation Bond *payable by all boarders upon acceptance of a place in Boarding | | $500.00 |
| **ANNUAL FEES & CHARGES PER STUDENT** | **PER YEAR** | **PER TERM** |
| **DAY SCHOOL FEES - YEAR 7** | | |
| Tuition Fee | $3,260.00 | $815.00 |
| College Resource Fee | $2,993.00 | $748.25 |
| Building Fund Levy | $1,228.00 | $307.00 |
| Parents & Friends Levy | $280.00 | $70.00 |
| IT Levy | $510.00 | $127.50 |
| | **$8,271.00** | **$2,067.75** |
| **DAY SCHOOL FEES - YEAR 8** | | |
| Tuition Fee | $3,260.00 | $815.00 |
| College Resource Fee | $2,993.00 | $748.25 |
| Building Fund Levy | $1,228.00 | $307.00 |
| Parents & Friends Levy | $280.00 | $70.00 |
| IT Levy | $510.00 | $127.50 |
| | **$8,271.00** | **$2,067.75** |
| **DAY SCHOOL FEES - YEAR 9** | | |
| Tuition Fee | $3,260.00 | $815.00 |
| College Resource Fee | $2,993.00 | $748.25 |
| Building Fund Levy | $1,228.00 | $307.00 |
| Parents & Friends Levy | $280.00 | $70.00 |
| IT Levy | $510.00 | $127.50 |
| | **$8,271.00** | **$2,067.75** |
| **DAY SCHOOL FEES - YEAR 10** | | |
| Tuition Fee | $4,005.00 | $1,001.25 |
| College Resource Fee | $3,008.00 | $752.00 |
| Building Fund Levy | $1,228.00 | $307.00 |
| Parents & Friends Levy | $280.00 | $70.00 |
| IT Levy | $510.00 | $127.50 |
| | **$9,031.00** | **$2,257.75** |
| **DAY SCHOOL FEES - YEAR 11** | | |
| Tuition Fee | $4,005.00 | $1,001.25 |
| College Resource Fee | $3,008.00 | $752.00 |
| Building Fund Levy | $1,228.00 | $307.00 |
| Parents & Friends Levy | $280.00 | $70.00 |
| IT Levy | $510.00 | $127.50 |
| | **$9,031.00** | **$2,257.75** |
| **DAY SCHOOL FEES - YEAR 12 (Billed over Terms 1 - 3 only)** | | |
| Tuition Fee | $4,005.00 | $1,335.00 |
| College Resource Fee | $3,008.00 | $1,002.67 |
| Building Fund Levy | $1,228.00 | $409.33 |
| Parents & Friends Levy | $280.00 | $93.33 |
| IT Levy | $510.00 | $170.00 |
| | **$9,031.00** | **$3,010.33** |
| **BOARDING FEES - GST Inclusive (NOT including Day School Fees)** | | |
| Years 7 - 11 Weekly Boarder | $22,756.00 | $5,689.00 |
| Years 7 - 11 Full time Boarder | $27,925.00 | $6,981.25 |
| Year 12 Weekly Boarder (Billed over Terms 1 - 3 only) | $22,756.00 | $7,585.33 |
| Year 12 Full time Boarder (Billed over Terms 1 - 3 only) | $27,925.00 | $9,308.33 |

**PLEASE NOTE:**

1. **FAMILY DISCOUNT:** The family discount applies to families that have other children attending Catholic Schools in the Cairns Diocese.
**DISCOUNTS WILL NOT BE BACKDATED**

2. **BUILDING FUND and P&F LEVY:** These are Compulsory Levies that are charged per family. The levies are NOT shared between other Catholic Schools and Colleges.

3. **TUITION FEES:** This does not include optional activities, including but not limited to: Music Tuition, Elective Wednesday and Representative Sports and Optional Holiday Tours (eg: Japan, NZ, Europe).

4. **YEAR 12 FEES:** are billed over three (3) terms as indicated above.

# ST AUGUSTINE'S COLLEGE
# DIRECT DEBIT FORM

New request ☐

Alteration ☐ As at / /

Family Account No (School Use Only) 977

Authority No (CDF Use Only)

## FAMILY DETAILS

Parent/Guardian one name

Parent/Guardian two name

Student full name

Year level

Student full name

Year level

## PAYMENT ARRANGEMENT

Please nominate **ONE** of the following payment options:

Payment in full at the start of each year ☐

Payment in full each term on invoice ☐

Payment via a direct debit ☐

**For direct debit payments:** Please choose a frequency, nominate an amount & commencement date below:

A regular QUARTERLY amount of $

A regular FORTNIGHTLY amount of $

A regular MONTHLY amount of $

A regular WEEKLY amount of $

Commencement Date / /

Required for weekly, fortnightly, monthly or quarterly payments.
Please refer to dates listed on Page 1 to choose your commencement date.

PLEASE NOTE – DIRECT DEBIT PAYMENTS

- *Minimum payment amount is estimated at $181 per week or $362 per fortnight per student over 45 weeks for a day student. $738 per week for a full time boarding student.*
- *A Direct Debit Request will remain current until notified with a cancellation form by the customer.*
- *Please complete the bank account details on the following page.*

*I/We will pay our school fees in full each term within 14 days of the statement issue date.*
*All fees will be paid in full by 30 November each year.*

Parent/Guardian one signature

Parent/Guardian two signature

Date

Date

PLEASE NOTE

- For Direct Debit requests please complete your financial institution details on the next page.

## DETAILS OF FINANCIAL INSTITUTION



Catholic Development Fund
130 Lake Street, Cairns 4870
PO Box 625, Cairns 4870

Request and authority to debit the account named below to pay Roman Catholic Trust Corporation.

## REQUEST AND AUTHORITY TO DEBIT

Account Code #977

Surname or Company name

Given names or ACN/ARBN ("you")

Request and authorise Roman Catholic Trust Corporation Debit User ID 148020 to arrange for any amount Roman Catholic Trust Corporation may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions below).

Financial Institution name

Address

Name of account (to be debited)

BSB number

Account number

## ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Roman Catholic Trust Corporation, as set out in this Request and in your Direct Debit Request Service Agreement.

Parent/Guardian name

Parent/Guardian signature

Date

Address

# ST AUGUSTINE'S COLLEGE
# DIGITAL NETWORK ACCEPTABLE USE POLICY

St Augustine's College embraces emerging digital technologies and encourages its teachers and students to look for ways of using them to enhance teaching and learning. The availability and appropriate use of these resources provide opportunities that can help students develop spiritually, academically, socially and physically. Their inappropriate use can be detrimental to the teaching/learning process, anti-social, and even harmful.

St Augustine's College provides students with the opportunity to use computers and other digital devices* and gives students rights to use and access services on the College's digital network. The College expects students to act responsibly and respectfully. Students are expected to conduct themselves appropriately when they use, access information, and communicate over the digital network. Before students are given access rights, they will need to agree to a number of conditions, which are outlined below.

## DIGITAL DEVICES AND NETWORK FACILITIES USE

The College provides students with access to computers, other digital devices and the College's digital network to further develop their learning. It is essential therefore that all computers and other digital devices are kept in good working order at all times. Students are expected to take care and full responsibility of computers and digital equipment made available for their use. This includes all cables and attachments such as mice and keyboards.

### Security

For security reasons we expect students to keep passwords and network login details private. Students need to keep all drives and files secure and prevent others from accessing their work without permission. Students must respect the rights and privacy of others and on no occasion access or attempt to access another person's network account through their password and login, or through unacceptable or illegal means: e.g. hacking.

### Storage

Students are responsible for managing data stored in the cloud based MSO365. They must use this only for the storage of educational material. Under no circumstances are students allowed to download, introduce or store any software applications/games on their laptop. The College will clear all student email storage at the end of each school year. Students will be given a reminder of this at the time. As a backup, students may use devices such as USB memory devices to transfer educational tasks between the College and their home. It is not acceptable for students to bring any files that are not part of their studies and store these on the laptops. Students are also responsible for ensuring that all data is free of viruses.

### Internet

Internet access is provided to students for educational purposes only. In addition, the College provides access to quality online information sources via the College extranet such as databases, encyclopedias etc. Access to the Internet via the College's facilities may not be used to browse, download or distribute material, which is of an anti-social nature, pornographic, violent, illegal, racist, destructive, demeaning or denigrating of others or which encourages this. Students must respect laws and other people's rights, including copyright laws and antidiscrimination laws. All use of the Internet is tracked and recorded by an Internet filtering program which the Deputy Principal and authorised staff regularly monitor. Inappropriate use of the Internet will result in disciplinary action.

### Copyright

Students are expected to use the software the College has provided for them, and not to make or use illegal copies of software programs. Any information retrieved from the Internet or other network sources should be acknowledged or cited in the work and where necessary the author's permission obtained for usage.

### Network Printing, Photocopying and Scanning

The College provides network printers for student use at the College. Each student is given a generous print allocation each term. The ability to print, photocopy or scan is automatically suspended when a student exceeds his print allocation. Students can purchase additional print allocations if required. All documents or other material printed on College network printers is recorded and can be reviewed by authorised staff.

## DIGITAL COMMUNICATIONS

### Code of Conduct

All communications that a student makes over the network should be in keeping with the College Rules and Expectations as set out in the *Student Diary*. When a student uses digital communications such as email, their behaviour should be in keeping with acceptable College behaviour. Undesirable behaviour includes denigration of others, **students and staff**, swearing and harassment.

### Chat, Email, Social Networking, VOIP and Video Conferencing

Use of chat, email, social networking sites, VOIP and video conferencing is permitted when using College approved avenues of digital communication and at times approved by the College. The inappropriate use of these digital means of communication or use of unapproved avenues of digital communication is explicitly denied and no attempts should be made to bypass any of the Internet filters which control this activity. Students who have been given access to College approved digital communications can use these specifically to communicate with other students, teachers or experts in relation to learning. Any other use of these facilities may lead to the student losing access to College digital communications or further disciplinary action in detention, suspension, exclusion, liability for damages and/or potential legal action.

## PERSONAL COMPUTERS AND DIGITAL DEVICES

### Appropriate Use of Devices

1. It is a matter for each teacher or boarding supervisor to indicate to students which devices may or may not be used at specific times and places, and in which ways they may or may not be used. Students should not presume the right to use a particular device in any circumstance.
2. Students are responsible for the security of their own devices. Staff will indicate to students the ways in which devices may be secured at the College, and it is up to each student to ensure this happens. The College takes no responsibility for damage or theft of students' devices who have not taken advantage of these means.
3. Students should use devices for positive purposes: for learning, for legitimate communication, and for relaxation in acceptable ways. Devices must not be used to harass or victimise other students or staff, or to abuse a person's right to privacy (for example, taking, storing and then using a digital photo/video without a person's permission could be an invasion of privacy). There are no additional fees or charges that a student needs to pay to access electric power for a device or to gain access to the College network, as long as he is using the device in ways that are consistent with this policy.
4. During class and study time, the Internet may only be accessed through the College network. Students may not access the Internet through another account or means.

### Mobile Devices

The College does not encourage boys to bring mobile devices to school, but we do understand that in some circumstances this is a necessity. By allowing students to bring a mobile device to school, we assist in creating easier communication between parents and boys during travel to and from school.

It is the responsibility of students who bring mobile devices to school to abide by the guidelines outlined in this document.

When brought on campus mobile phones are to be free from inappropriate or offensive content.

**Devices are to be switched off and placed into the student's locker or bag upon entry onto the College grounds and left there without being used until they leave the College grounds.** Usage includes the sending and receiving of text messages or data. Students may use their device only with permission from a staff member and in the presence of that staff member.

**Boarding students** have no reason to bring a mobile device to school; phones and other electronic devices should be left in the boarding residence during the school day.

**Permission** should be sought from staff on duty to use phones while **students are waiting for buses or at student pick up locations.**

### Sanctions

1. Students who use their mobile devices during school hours (without permission from a staff member) will have their device confiscated. The Head of Year will notify parents of the confiscation via an Edsmart Parent Slip. The student will need to collect the device from the Head of Year at the conclusion of the next school day.
2. If a student's device is confiscated on a second occasion, parents/carers will be required to collect the device from the Student Office.
3. Repeated infringements will result in the student issued with a Thursday afternoon detention, confiscation, and a parental meeting with the Head of Year.
4. Failure to follow procedures of **appropriate conduct** may result in an alleged incident being referred to the police for investigation. In such cases, parents/carers/Head of Residence would be notified immediately.

### Storage Devices and Drives

1. Although the College uses cloud based MSO365, students are advised to have a USB memory stick or similar device available for their use at the College.
2. When brought on campus these devices are to be free from files that contain inappropriate games and/or offensive content.
3. Students are required to clearly label their USB stick or similar device with their name.

### Computers

1. A laptop usage agreement is in place at the College which supports students in their learning. Refer to Laptop User Agreement.
2. Only College approved software to be installed. College laptops are to be free from inappropriate games and/or offensive content.
3. Students may access the College network from their laptop through wireless connection which is available in all areas of the College.

### Other Devices

1. Devices whose primary purpose is recreational may be used only at times of recreation, and in ways that are permitted by the boarding supervisor.
2. When calculators are required for class use or assignments, teachers will advise students when and how they should be used and the type of calculator to use.

## PRIVACY AND MONITORING

Whilst access to the facilities is provided by way of a personal account, the College reserves the right to investigate student use of the facilities. The College will do this in such a manner as to respect a student's privacy.

The College reserves the right to monitor and inspect any device whether College property or personal property brought onto the College campus by a student. A staff member who has reasonable grounds to suspect a device is being used inappropriately or have inappropriate or offensive content has the right to confiscate the device. The staff member must inform the student's Head of Year and give the device into their care.

The Principal (or by delegation the Deputy Principal) reserves the right to inspect any confiscated device in the presence of the student. A student cannot restrict access to the device by not complying with the Principal's (or the delegated authority's) request. For example: refusing to inform the Principal of the required passwords.

The College reserves the right to suspend or terminate a student's access to the College network and to prohibit a student connecting to the College network with a personal device.

## PERSONAL RESPONSIBILITY FOR SECURITY

System security is the individual and collective responsibility of all members of the College. All suspected security violations will be treated seriously as they may threaten the provision of the College service.

Any student who suspects a security problem on the College digital network including the Internet should immediately notify a member of staff and not demonstrate the problem to others. Any student who believes their files have been tampered with should immediately contact their teacher with the specific details.

Students must never pass on their network login details or password to any other person. Likewise, students must never allow another user to use their account. Unattended workstations must always be left in the *Logged off* mode when the operator leaves their workstation.

The owner of a network account is responsible for any actions that occur while the account is being used. St Augustine's College expects all students to adhere to this policy but cannot accept responsibility for individual behaviour. Any student found breaching these rules may have his network account disabled and could be subject to further disciplinary action, detention, suspension, exclusion, liability for damages and or potential legal action. Financial compensation for any damage caused to the College computers or systems by students will be the responsibility of the student's parent/guardian.

I have read this form and understand the conditions of the *Digital Network Acceptable Use Policy.*

| Student name | Student signature | Date |
|---|---|---|
| | | |

| Parent/Legal Guardian/Carer name | Signature | Date |
|---|---|---|
| | | |

** Digital devices* relate to any personal electronic or digital device that could be used for communications or data storage and retrieval. This includes but is not exclusive of mobile phones, USB memory sticks, laptop computers, tablets and iPads, DVD players, and calculators.

# ST AUGUSTINE'S COLLEGE
# LAPTOP USER AGREEMENT

## 1. PARTIES

1.1. This Agreement is between the following parties:

1.1.1. the Roman Catholic Trust Corporation for the Diocese of Cairns – ABN 42 498 340 094 which operates the secondary college at which the student named in the Schedule is enrolled for the purpose of instruction;

1.1.2. the student named in the Schedule; and

1.1.3. the parent, guardian or carer of the student named in the Schedule (referred to as **parties** in this Agreement).

## 2. GOALS OF AGREEMENT

2.1. This Agreement states the rights and responsibilities of the parties in respect of the College Laptop Hire Program.

2.2. The aims of the College Laptop Hire Program are to support students in their learning by using a computer to manage their work and learning; develop ICT skills; promote creativity and critical thinking and support collaboration and communication with others.

## 3. HIRE AGREEMENT

3.1. The College hires the laptop and associated equipment identified in the Schedule ("**Laptop**") to the student.

3.2. Except where this Agreement is terminated early under Clause 8, the duration of the hire will be the hire period referred to in the Schedule.

## 4. STUDENT'S RIGHTS AND RESPONSIBILITIES

### Exclusive Use

4.1. The student is entitled to the exclusive use of the Laptop for the duration of the hire period in accordance with this Agreement.

4.2. The student may use the Laptop at school, during school hours (during school excursions and extra-curricular activities) and during out-of-school hours (including school holidays and weekends) pursuant to the terms of this agreement.

4.3. The student acknowledges that the student uses the Laptop:

4.3.1. as a member of the College community; and

4.3.2. subject to the College's ICT policy and this Agreement.

4.4. The student will not lend the Laptop to family, friends, or any other person for their personal use.

4.5. The student accepts responsibility for:

4.5.1. the student's online citizenship when using the Laptop; and

4.5.2. the care and functionality of the Laptop.

### Online Citizenship

4.6. The student must:

4.6.1. follow the rules in the College's ICT policy for the responsible use of online technology, as published from time to time;

4.6.2. accept responsibility and maintain confidentiality in respect of the student's network account (including username and password);
4.6.3. ensure that the student's username and password are secure and the password is changed regularly to promote security;
4.6.4. not use another student's username or password;
4.6.5. consider the feelings, wellbeing and dignity of others in the student's use of the Laptop (email; online chat; social networks; blogs; photo-sharing and desktop publishing);
4.6.6. not engage in any form of cyber-bullying (cyber-bullying is a material breach of this Agreement);
4.6.7. only publish or post any film, photograph or other recording of any member of the College community engaged in College activities (including College employees, students or visitors) with the written consent of the person depicted and if that person is a student, then from that student's parent, guardian or carer;
4.6.8. not use the Laptop for any illegal or inappropriate activity including infringement of copyright, pornography, defamation, gambling, offensive images or words, internet auctions or other commercial activity, breach of privacy or confidentiality, spam, to convey a threat or illegal material or breaking any law about discrimination, child protection or work health and safety;
4.6.9. not create, copy or intentionally send a virus, malware or spyware, or damage the College Network;
4.6.10. not download or use unauthorised or pirate software, films or games;
4.6.11. not attempt to hack, access or monitor information on any other person's computer or the College's Network unless authorised to do so;
4.6.12. allow the College, at any time, to:
4.6.12.1. audit or forensically examine the Laptop to ensure compliance with the College's ICT policies, this Agreement; or
4.6.12.2. repair, maintain or service the Laptop, and the student consents and acknowledges the student has no right of privacy or confidentiality in respect of any information, files and the student's use of the Laptop;
4.6.13. maintain the student's privacy and/or the privacy of others, by not publishing or disclosing personal information, including names, addresses, email addresses, photographs, credit card details, telephone numbers of either the student or anyone else, except with that person's express permission;
4.6.14. acknowledge that the student is responsible for the student's actions when using online services with the Laptop and may be held responsible for any other person whom the student knowingly allows to use the Laptop to access online services;
4.6.15. not copy, delete or transfer, without prior permission from the College, any software that is loaded by the College onto the Laptop;
4.6.16. report to a teacher of the College any Internet site accessed using the Laptop that is considered illegal or inappropriate or any actual or suspected security breach or breach of this Agreement;
4.6.17. not alter or replace any parts in the Laptop nor cause the Laptop to be serviced or repaired without the written permission of the College.

### Care and Use of the Laptop

4.7. The student will use reasonable care and diligence to prevent loss or damage to the Laptop.

4.8. The student will ensure that when the Laptop is not in use the Laptop is:

4.8.1. stored in a clean, dry, and secure place to minimise the risk of loss or damage; and
4.8.2. kept secure and out of sight.

4.9. The student must always carry the Laptop in its protective covering in the student's schoolbag, when travelling with the Laptop.

4.10. The student must not engrave, mark, deface or apply adhesive stickers to the Laptop.

4.11. If the Laptop is stolen or suspected of being stolen, then the student and the parent, guardian or carer must assist the College by providing a police report of the circumstances in writing to the College or the police, as may be required.

4.12. If the Laptop is accidentally lost or damaged, a written report signed by the student and the parent, guardian or carer must be provided to the College within one business day of the loss or accidental damage occurring.

4.13. The student must return the Laptop in good condition and working order at the end of the hire period in the Schedule or on earlier termination of the Agreement under Clause 8.

4.14. The student must return the Laptop at the request of the College for inspection, audit, repair maintenance, updating or for any other lawful purpose.

4.15. The student must regularly and securely backup the student's data and maintain virus protection, spam, and filtering settings on the Laptop.

## 5. PARENT, GUARDIAN AND CARER'S RESPONSIBILITIES

5.1. The parent, guardian or carer will:

5.1.1. encourage and supervise the student during out-of-school hours in respect of the obligations in Clause 4 above;
5.1.2. supervise the student's use of the Laptop when the student is at home;
5.1.3. perform and observe the obligation in Clause 9 in respect of loss or damage to the Laptop; and
5.1.4. by signing this Agreement, consent to the student accessing online services while at the College or participating in College-related activities.

## 6. COLLEGE'S RIGHTS AND RESPONSIBILITES

6.1. Subject to this Agreement and the College's ICT policy, the College will:

6.1.1. provide to the student, during the hire period in the Schedule, the Laptop for the purposes in Clause 2.2 above;
6.1.2. load onto the Laptop any necessary educational software or programs;
6.1.3. carry out or cause to be carried out all necessary repair, maintenance or servicing of the Laptop;
6.1.4. respond to questions from the student or the parent, guardian or carer with respect to the functionality, use, care, maintenance or servicing of the Laptop;
6.1.5. provide a filtered Internet access service while the student is at school;
6.1.6. while the student is at school, provide supervision and direction in respect of the Internet activities for the purpose of learning;
6.1.7. take reasonable steps to enforce compliance with cyber safety rules and school Code of Conduct values in respect of online learning activities; and
6.1.8. have the right to terminate this Agreement and take back the Laptop or impose restrictions on use of the Laptop in the event of breach of this Agreement or the College's ICT Policy.

## 7. BREACH OF THE AGREEMENT

7.1. The student will breach this Agreement if the student fails to perform or observe the student's responsibilities set out in Clause 4 above;

7.2. The parent, guardian or carer will breach this Agreement if:

7.2.1. the student is in breach of this Agreement; or

7.2.2. the parent, guardian or carer fails to perform or observe the responsibilities in Clause 5 above.

7.3. The College will breach this Agreement if the College does not perform or observe the responsibilities in Clause 6 above.

7.4. If a breach by the student of this Agreement is material or persistent, then the College may:

7.4.1. take disciplinary action against the student;
7.4.2. vary this Agreement to provide for modified or restricted terms of use of the Laptop by the student;
7.4.3. recover against the student and the parent, guardian or carer any loss or damage arising out of, in connection with or incidental to the breach of this Agreement;
7.4.4. terminate this agreement; and
7.4.5. require the student to return the Laptop to the College.

7.5. In the event of breach of this Agreement by the student, the College may immediately take possession of the Laptop without notice.

## 8. TERMINATION

8.1. This Agreement will end on the end date of the hire period in the Schedule.

8.2. If the student leaves school for an extended period or permanently before the end date of the hire period, then this Agreement will end on the student's last day at the College.

8.3. The parties may agree to end this Agreement at any time during the hire period in the Schedule.

8.4. The College may terminate this Agreement if there is a material or serious breach:

8.4.1. by the student of Clause 4 of this Agreement; or

8.4.2. by the parent, guardian or carer of Clause 5 and 9 of this Agreement.

8.5. At the end of the hire period or on earlier termination of this Agreement, the student will return to the College the Laptop in good working order and condition and will remove from the Laptop any personal software installed by the student.

8.6. The Agreement will terminate if the Laptop is lost, stolen or damaged so that it is not economically viable to repair the laptop.

## 9. PARENT, GUARDIAN OR CARER'S GUARANTEE AND INDEMNITY

9.1. The parent, guardian or carer of the student acknowledges and agrees that:

9.1.1. the College has entered into this Agreement at the request of the student and the parent, guardian or carer;

9.1.2. the student will derive learning benefits and opportunities through the College Laptop Hire Program; and

9.1.3. without the parent, guardian or carer's promises as contained in this Agreement, the College would not have entered into this Agreement.

9.2. The parent, guardian or carer (and where there is more than one, the promise is joint and several):

9.2.1. guarantees the student's responsibilities under this Agreement;

9.2.2. indemnifies and agrees to keep indemnified the College against any liability, loss or damage the College incurs arising out of, in connection with or incidental to the student's responsibilities under this Agreement or a breach by the student of the student's responsibilities under this Agreement; and

9.2.3. indemnifies and agrees to keep indemnified, the College against any liability, loss or damage arising from a breach by the parent, guardian or carer arising in connection with or incidental to the parent, guardian or carer's responsibilities under this Agreement or the failure by the parent, guardian or carer to perform and observe those responsibilities.

## LEASE PERIOD

The Laptop User Agreement period is the duration of the student's enrolment and the cost of the laptop will be as specified in the School Fee Schedule. This Agreement will include a three-year Pro-Support Plus Warranty, including accidental damage for both the laptop and battery, and will also include a computer bag.

| Student name | Student signature | Date |
|---|---|---|
| | | |

| Parent/Guardian/Carer name | Parent/Guardian/Carer signature | Date |
|---|---|---|
| | | |

SIGNED by:



Mr Glen Seivers
COLLEGE PRINCIPAL

# ST AUGUSTINE'S COLLEGE
# MOBILE DEVICE ACCEPTABLE USE GUIDELINES

## PURPOSE

The widespread ownership of mobile devices requires that all members of the St Augustine's College community take steps to ensure that mobile devices are used responsibly. The College accepts that there are genuinely appropriate reasons for students to have access to a mobile device.

The policy is based on principles of mutual responsibility and respect of all parties involved in the use of mobile devices. They are designed to assist in managing the safe and responsible use of mobile devices by students and involves parents as partners in assisting their children in the proper use of mobile devices. The guidelines are underpinned by an overall requirement for students to exercise care to use their mobile devices in a considerate manner and to be aware of situations in which others could be affected by their actions.

The privilege to take a mobile device to school may be withdrawn if a student fails in their duty to behave responsibly and in accordance with the College's requirements.

## RATIONALE

The College does not encourage boys to bring mobile devices to school, but we do understand that in some circumstances this is a necessity. By allowing students to bring a mobile device to school, we assist in creating easier communication between parents and boys during travel to and from school.

## RESPONSIBILITY

1. It is the responsibility of students who bring mobile devices to school to abide by the guidelines outlined in this document.
2. **Devices are to be switched off and placed into the student's locker or bag upon entry onto the College grounds and left there without being used until they leave the College grounds.** Usage includes the sending and receiving of text messages or data. Students may use their device only with permission from the Deputy Principal in consultation with the Head of Year, Head of Department & teaching staff. ***Students who need to carry a mobile device for medical reasons must provide a letter from their General Practitioner to their Head of Year stating the reason***.
3. **Boarding students** have no reason to bring a mobile device to school**;** phones and other electronic devices should be left in the boarding residence during the school day, unless they have prior authorisation from their Head of Residence. **Boarding students of the College will also be required to complete Appendix 1: *Boarding Students Mobile Device Acceptable Use Guidelines Agreement.***
4. **Permission** should be sought from staff on duty to use phones while **students are waiting for buses or at student pick up locations.**

## GUIDELINES FOR ACCEPTABLE USE

1. Courtesy, consideration of and respect for others are always paramount.
2. Parents and students should ensure that devices are properly and adequately insured as personal property.
3. Students should mark their mobile device clearly with their names.
4. Mobile devices that are found in the school and whose owner cannot be located should be handed to the Student Office.

5. Devices are brought to school entirely at the owner's risk. The College cannot accept responsibility for theft, loss, damage, or health effects (potential or actual).
6. It is strongly advised that students use passwords/pins to ensure that unauthorised device calls cannot be made on their devices. Students must keep their passwords/pins confidential.

**Parents are reminded that in cases of emergency during school hours, the College office remains the vital and appropriate point of contact and can ensure your son is reached quickly and assisted in an appropriate way. Contact details are phone: 4052 9111 or email:** sac.reception@cns.catholic.edu.au

## INAPPROPRIATE CONDUCT

**It should be noted that it is a criminal offence to use a mobile device to menace, harass or offend another person. As such, if action as sanctioned by the Principal or their delegate is deemed ineffective, as with all such incidents, the College may consider it appropriate to involve the police.**

1. Any student/s caught using a mobile device to cheat in exams or assessments will face disciplinary action as outlined in the **Academic Integrity Policy**.
2. Students with mobile devices may not engage in personal attacks, harass another person, or post personal information about another person using SMS messages, take/send photos or objectionable images, or device calls.
3. Students using mobile devices to bully other students will face disciplinary action as sanctioned by the Principal or their delegate.

## SANCTIONS

1. Students who use their mobile devices during school hours (without permission from a staff member) will have their device confiscated. The Head of Year will notify parents of the confiscation via an EdSmart Parent Slip. The student will need to collect the device from the Head of Year at the conclusion of the next school day.
2. If a student's device is confiscated on a second occasion, parents/carers will be required to collect the device from the Student Office.
3. Repeated infringements will result in the student issued with a Thursday afternoon detention, confiscation and a parental meeting with the Head of Year.
4. Failure to follow procedures of **appropriate conduct** may result in an alleged incident being referred to the police for investigation. In such cases, parents/carers/Head of Residence would be notified immediately.

I/We have read this form and understand the conditions of the *Mobile Device Acceptable Use Guidelines.*

| Student name | Student signature | Date |
|---|---|---|
| | | |

| Parent/Legal Guardian/Carer name | Signature | Date |
|---|---|---|
| | | |

# ST AUGUSTINE'S COLLEGE
# MOBILE DEVICE ACCEPTABLE USE GUIDELINES AGREEMENT
APPENDIX 1 : BOARDING STUDENTS

St Augustine's College has clear expectations concerning appropriate use of mobile phones, smart watches and electronic devices as outlined in the *Mobile Device Acceptable Use Guidelines* policy. For urgent contact with Boarding students during school or phone curfew times, parents may contact the Head of Residence, Director of Boarding or during school hours the College office.

## PARENT/CARER PERMISSION

Parents/carers may wish their son/daughter to have a mobile phone or other device at the College. If students choose to have a mobile phone or other device while in Boarding, they will need to sign the *Mobile Device Acceptable Use Guidelines Agreement* and adhere to the following guidelines that exist for sensible use. Failure to abide by these guidelines will result in the loss of this privilege and confiscation of the mobile device.

I (Parent/Carer name) _____

give (Student name) _____ Year _____

permission to have **ONE** mobile phone while residing in _____ (Residence name)

## STUDENT CONTRACT AGREEMENT

I/ we acknowledge that:

a) Boarding students are not permitted to take a mobile phone to school unless they have prior authorisation from their Head of Residence (HOR). Mobile phones, smart watches and portable electronic devices are to stay in the Boarding residence during school hours under the direction and guidance of the Head of Residence (HOR).

b) I accept that failure to comply with these requirements will result in the mobile device being confiscated and access withdrawn for a predetermined period.

c) I am required to follow the respective Colleges' guidelines and expectations for the acceptable use and expectations of mobile phones, smart watches, and similar electronic devices.

d) I cannot take my mobile phone out of the Boarding residence, or any other place that my supervisor deems inappropriate, unless authorised to do so. This may be dependent on my year level and the rules pertaining to my residence. Failure to follow staff direction and College guidelines will result in mobile devices being confiscated.

e) I must hand in my mobile phone, smart watch and other portable devices to my supervisor as directed at the nominated times.

f) If I change phones or phone number, I must notify my Head of Residence (HOR) and complete a new Boarding *Mobile Device Acceptable Use Guidelines Agreement* form.

g) Limitations of times regarding use and access may vary depending on year levels and residence.

h) Mobile/electronic devices are to be turned off at all other times including study, as directed by the supervisor.

i) Mobile phones or other devices are not to be lent to any other person. Mobile devices are for the sole use of the owner.

j) Mobile phones or other devices may be used for both texting and voice/FaceTime calls only during free time or nominated access times.

k) **ONE** mobile phone is permitted whilst residing at the College. Failure to do so will result in consequences/loss of privileges.

l) Phones, smart watches and other devices collected by a staff member are stored in a secure location.

m) The College is not responsible for phone security or accounts accrued.

n) The College reserves the right to review and check the use of mobile phones or other devices by boarders and to confiscate phones used inappropriately.

o) The use of wireless broadband USB and such devices allowing internet access for personal laptops or other electronic devices is not permitted. No gaming stations or computer devices are permitted within the College without prior authorisation.

I (Student name) Year

acknowledge that I will abide by the *Mobile Device Acceptable Use Guidelines* and Appendix 1: Agreement as outlined above.

Student signature Date

Mobile phone number Brand of phone IMEI No. (International Mobile Equipment Identity)

Description of mobile phone and case

Smart Watch Brand IMEI No. (International Mobile Equipment Identity)

Description of smart watch

Electronic device Brand IMEI No. (International Mobile Equipment Identity)

Description of electronic device

## PARENT/CARER AGREEMENT

I/We (Parent/Carer name)

have read and agree to the terms outlined above.

Parent/Carer signature Date

## STAFF AUTHORISATION

Head of Residence approval Yes No

Head of Residence name Signature Date

Reason for not approving request (if applicable)

# ST AUGUSTINE'S COLLEGE
# PERMISSION TO ADMINISTER MEDICATION
BOARDING STUDENTS

Student name

Year Level

Date of Birth

Residence

## PRESCRIPTION MEDICATION
### TO BE ADMINISTERED BY COLLEGE BOARDING STAFF

I hereby request that the College/Boarding staff administer the following medication to my child at school/boarding or during school/boarding related activities, as specified below.

**NOTE: All medications must be correctly labelled by a pharmacist**.

| NAME OF MEDICATION | DOSAGE | STRENGTH | INDICATIONS FOR USE |
|---|---|---|---|
| | (EG ONE TABLET) | (EG 10MGS) | (EG INSTRUCTIONS FOR WHEN AND HOW THIS MEDICATION IS TO BE ADMINISTERED) |
| | | | |
| | | | |
| | | | |
| | | | |

Additional information

I give permission for chemist requirements to be obtained through the pharmacy that supplies the College. I agree that these costs will be passed to me for payment. If hospitalisation is required, in the first instance students will be taken to the Cairns Hospital. If private treatment or ongoing treatment at a private medical specialist is preferred, I agree that this will be at my expense and directly payable by me to the private provider.

If Yes, please tick ☐

Parent/Carer Name

Parent/Carer Signature

Telephone number

Date

PRESCRIPTION MEDICINES TO BE RETURNED WITH COMPLETED FORM TO COLLEGE NURSE

SEE PAGE 2 FOR OVER THE COUNTER MEDICATION PERMISSIONS TO BE COMPLETED

# PERMISSION TO ADMINISTER MEDICATION

## OVER THE COUNTER MEDICATION

### TO BE ADMINISTERED BY COLLEGE BOARDING STAFF

I authorise the College/Boarding staff to administer the selected over-the-counter medication to my child during school, boarding, or related activities as deemed necessary by the College Nurse, Doctor or other trained staff member. Please tick those you consent to:

| MEDICATION CATEGORY | INSTRUCTIONS | EXAMPLE (INC CHEMIST/GENERIC BRANDS) | CONSENT |
|---|---|---|---|
| Analgesics | | Panadol, Paracetamol, Dymadon | ☐ |
| Anti-Inflammatory (NSAIDs) | NB: Precautions for some conditions noted | Nurofen, Raffen, Naproxen, Ponstan | ☐ |
| Antiviral Cream | | Zovirax, Chemist brand cold sore cream | ☐ |
| Multi Vitamins | Need Doctor's script or pharmacy label for Iron/ferro tab | Vitamin A, B, C, D, E, Multi etc | ☐ |
| Antihistamine (non-sedating) | NB: Polaramine/Phenergan not used without script | Zyrtec, Claratyne, Aerius | ☐ |
| Cough Suppressants | Dry or Chesty syrup for cough | Bisolvan, Durotuss, Dimetapp | ☐ |
| Decongestants (cold & flu) | NB: no longer than 48 hours use | Codral, Sudafed, Durotuss, Demazin | ☐ |
| Antiseptics, Analgesics | Soothing sore throat | Strepsils Plus, Difflam, Butter Menthol, Soothers | ☐ |
| Topical Antibiotic/Antifungal | As per Doctor or RN instruction only | Bactroban, Clotrimoxazole antifungal cream | ☐ |
| Topical Creams & Lotions | | Deep Heat, Itch Eze, DermAid 0.5%, Ice Gel, Calamine lotion, Aloe Vera, Vicks Rub, Bonjella | ☐ |
| Anticholinergic | Motion sickness | Ginger tablets, Travel Calm, Kwells | ☐ |
| Laxatives/Stool Softeners | For constipation – as per Doctor or RN instruction only | Movicol, Osmolax, Actilax, Coloxyl | ☐ |
| Adsorbents, Antimotility | Anti-diarrhoea | Lomotil, Imodium, Gastro-Stop | ☐ |
| Eye-drops – Lubrication and Antibiotic | NB: Chlorsig – as per DR or RN instruction only | Hyloforte, Celluvisc, Chlorsig, Murine, Refresh | ☐ |
| Ear/Otic drops | For ear pain or wax softening only - s per Doctor or RN instruction | Aqua Ear, Auralgan | ☐ |
| Urinary Alkaliser | Nurse directed | Ural, Cystitis relief | ☐ |
| Gastrointestinal Antacids, Anti-Gas | NB: precautions for GI conditions | De-gas, Mylanta, Gaviscon | ☐ |
| First Aid/Miscellaneous | Nurse directed | Wound wash (chlorhexidine, betadine), Wart Off, Tick Off, Head lice treatment, Combantrin (worms) | ☐ |

NOTE: The Health and Wellbeing Centre has a supply of Over The Counter (OTC) medicines which do not require a prescription. These OTC medicines can be administered to students with consent, unless noted otherwise (see instruction column). This OTC list is compiled and reviewed annually by the College Health Team, Director of Boarding and College Doctor.

Parent/Carer Name

Date

Parent/Carer Signature

PRESCRIPTION MEDICINES TO BE RETURNED WITH COMPLETED FORM TO COLLEGE NURSE

Upward Life
FAMILY PRACTICE

105 McLeod Street, Cairns QLD 4870
P. +61 7 4281 6959 F +61 7 4027 9669
E. reception@ulfp.com.au
W. www.ulfp.com.au

## Important Information

Upward Life Family Practice is offering GP services to students attending Boarding School at Saint Augustine's College. GP services will be available to students on Wednesday mornings during the school term, between 7:30-8:30am. If appointments are required outside of this time, the school nurse will liaise with ULFP staff to book appointments after school hours as soon as possible.

As part of this service, we are required to provide and obtain information, and gain consent from the patient's, or patient's guardian's to ensure proper patient care.

This form provides information on our services, how the service works, and acts as patient consent.

**1. Patient Information, Records Transfer, and Consent**

- **Patient Information**: Basic patient information is required for us to appropriately treat all patients. Please complete the New Patient Information form in completion to ensure all details are correct.
- **Parent and Student Consent**: Consent is required prior to Upward Life Family Practice seeing the students. While mature minors may legally consent to their own care, obtaining parental consent is recommended. Consent includes;
  - Details on the type of information that will be accessed.
  - How records will be used and securely stored.
  - Contact details if parents have questions.
- **Records Transfer**: Medical records will only be transferred for continuity of care purposes. While mature minors may legally consent to their own transfer, obtaining parental consent is recommended.

**2. Billing and Financial Information**

- Appointments booked by the School Nurse will be bulk-billed under Medicare for students that are Medicare eligible. If additional services not covered by Medicare are required, this will be discussed prior to the service being completed.
- Appointments booked outside the school term, or by the patient directly will be billed as per our regular billing schedule as a Private patient.

**3. Data Privacy and Security**

- Electronic Records Handling: If records are transferred electronically, ensure secure methods are in place for remote access, with compliance to Australian privacy laws.
- Secure Record Storage: For both electronic and paper records, confirm secure storage at the school site and limit access to authorised personnel only.

**4. Communicating with Parents and Students**

- In majority of cases, the school nurse often acts as the primary liaison between the school, the student's family, and healthcare provider.
- In cases where the student experiences a health issue, the school's Nurse or GP may contact the parents directly with updates or if there are concerns that require parental input (e.g., decisions regarding treatments or hospitalization).
- If parent's wish to discuss the student, this may require a phone appointment with the Doctor at Upward Life Family Practice which may incur a fee.
- Parents should ensure that updated contact information is available to the school and medical staff for urgent situations.

**5. Coordination with the School**

- School-Doctor Liaison: The School Nurse will be the main contact person for St Augustine's Boarding students. Staff at ULFP that will act as contact persons include Reception staff, the Practice Manager, and the treating GP as required.

Upward Life
FAMILY PRACTICE

# NEW PATIENT INFORMATION AND CONSENT FORM

## Contact Information

Title: Surname:

First Name: Known as:

Date of Birth:

Gender at birth: M F Gender Identity: Male Female Non binary Other Your pronoun: He She They

Street Address: **C/O- St Augustine's College, 251 Draper Street, Parramatta Park QLD 4870**

Postal Address:
*(if different to above)*

Home Phone:

Mobile Phone:

Email:

## Next of Kin

Name: Relationship to you:

Home Phone:

Mobile Phone:

## Emergency Contact Details

Name: Relationship to you:

Home Phone:

Mobile Phone:

## Healthcare Identifiers

Medicare Number: Ref number: Expiry:

Concession (Pension/Health Care) Card Number: Expiry:

## Do you Identify as:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Australian, non-indigenous Other:

## Your Health Information

**ALLERGY INFORMATION** - Do you have any allergies or are you sensitive to drugs or dressings?

No

Yes – provide details:

Upward Life
FAMILY PRACTICE

**Previous Doctor's Name:**

**Previous Clinic Name:**

**Previous Clinic Address:**

**Ph:** **Fax:**

**Email:**

**Patient's Full Name:**

**Address:**

**Date of birth:**

Patient signature

Date

If signing on behalf of patient - your name (please print)

Your relationship to patient e.g. *Mother, Father, guardian)*

The above patient is now attending **Upward Life Family Practice**. Could you please forward their clinical records to assist in the future management of this patient's health. **We use Best Practice and would appreciate receiving the records in* **.xml format** The patient's signed consent appears above. Thank you.

Can you please forward on the following:

- ☐ Patient's Health Summary
- ☐ Patient's Full File
- ☐ Details of any Mental Health Care Plans, CDM Plans, Health Assessments billed
- ☐ Other

**Doctor's Name:**

**Office Use Only:**

**Date Summary Sent:** **Staff Dispatching Information:**

105 McLeod Street, Cairns QLD 4870

Upward Life
FAMILY PRACTICE

# NEW PATIENT INFORMATION AND CONSENT FORM

## Patient Consent

**~ * Please read this consent form carefully prior to signing *~**

This general practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For the purposes of research only where de-identified information is used.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

**Please complete the form on the following page if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.**

**Do you consent to:**

| | |
|---|---|
| Our practice provides our patients with preventative care and early case detection reminders, e.g.: immunisation, skin checks, annual health checks, pap smears etc. Do you CONSENT to being contacted with reminders? | Yes No |
| Do you CONSENT to being contacted as part of our recall system for the follow up of investigation results?<br>*Please note, if you circle NO, you are responsible for booking follow up appointments to obtain your test results | Yes No |
| Do you CONSENT to being contacted/reminded of appointments via SMS? | Yes No |
| AI-medical scribe software may be used by the practitioner during your consultation to record clinical notes. This helps to ensure they can deliver attentive and high-quality patient care. Do you consent to the use of AI Medical Scribe Software during your consultations with practitioners at our practice? | Yes No |

## Consent

I,

have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I,

give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number. I understand that only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

Patient name: (please print)

Patient signature

Date

If signing on behalf of patient - your name (please print)

Your relationship to patient e.g. *Mother, Father, guardian)*