

30 April 2018

Dear Parent/Carer

On Monday 28 and Tuesday 29 May, the year 12 Hospitality students will be completing the competencies SITHGAM001 Responsible Gaming Services and SITHFAB003 Clean and Tidy Bar Areas as part of the Certificate II in Hospitality. A trainer from Smartskill, the RTO we are working with, will deliver and assess these competencies at the Villa Noosa Hotel, Noosaville.

Activity details:

Dates : Monday 28 May and Tuesday 29 May 2018
Times: 8.30am to 3.30pm each day
Venue: Villa Noosa Hotel, 18 – 22 Mary St, Noosaville
Dress: Black and white with suitable enclosed footwear (refer to the information sheet attached)
Cost: Nil
Transport: Students to arrange
Meals: Students must provide own morning tea and lunch each day. Students will have time to purchase food from local outlets for the lunch break only and should ensure that they are punctual on return.

The students will be participating in theory and practical training and assessment. The practical component will include use of the postmix system and pouring beers using the hotel line system. No alcoholic beverage will be consumed. Training will occur in facilities that are not open to the public.

These 2 competencies are a compulsory part of this qualification and will provide valuable skills for future employment in the Hospitality Industry. On completion these 2 competencies will be credited towards the student's Certificate II in Hospitality. This is the only time that these competencies will be delivered.

For your student to participate in the activity, please complete this consent form and return all pages (including this page) to Mrs Riley.

For further information about the activity, please contact Mrs Riley on 54722222.

Yours sincerely



Patty Riley
Hospitality Teacher
Noosa District State High School



Stacy Wilmore
Deputy Principal
Noosa District State High School

Consent for Cert II Hospitality Bar Service & Responsible Gambling Services training at Villa Noosa, Noosaville on 28 & 29 May 2018

Privacy Notice

The Department of Education and Training is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if provided): _____ Membership No.: _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

- I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.