***Passport to Success*** *is a program designed to help students prepare to manage their transition into high school. The Smith Family has developed this program and is delivering it to year 6 students at* ***Torrens******Primary School*** *during* ***Terms 4*** *once per week for 6 weeks from* ***18th of October to 22nd of November 2022.***

*The program will run in class during school hours with both a facilitator and a teacher present.*

*The Smith Family will ask students that participate in Passport to Success and their parents to provide feedback via a survey to evaluate and improve the program.*

*A separate registration and consent form should be completed for each participating child.*

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| **STUDENT DETAILS** | | | | | |
| **First Name:** |  | | | **Last Name:** |  |
| **Gender** (please mark the appropriate box):  **Male  Female  X  Unspecified** | | | | **Date of Birth:**  *(dd/mm/yyyy)* | \_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_ |
| **Indigenous Background** | | Aboriginal  Torres Strait Islander  Neither  Both  Not known  Would prefer not to say | | | |
| **Name of School** | | Torrens Primary School | | | |
| **Current School Year Level** | | 6 | | | |
| **PARENT/GUARDIAN/PRIMARY CARER DETAILS** | | | | | |
| **Please mark the appropriate box:**  **Parent  Guardian  Primary Carer** | | | | | |
| **First Name:** |  | | | **Last Name:** |  |
| **Email address:** | | |  | | |

**(Optional)** Passport to Success provides students with the opportunity to hear directly from a local high school student about what high school will really be like. What is one key question that your child would like to ask about what to expect at high school (e.g. How will I know which classes I have each week, how can I keep track of my homework)?

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**Privacy Commitment**

The Smith Family is committed to protecting the privacy and confidentiality of our clients and supporters. Personal client information is collected and used by The Smith Family to assess eligibility to participate in its programs or events, and that it may also be used for research and to plan, deliver, analyse and improve those programs and events. All information collected will remain confidential and only be accessed by The Smith Family’s staff, contractors, volunteers or the representatives of other organisations with whom The Smith Family is working. Information is always de-identified prior to research analysis and individuals cannot be identified from any research analysis or report.

The Smith Family’s Privacy Commitment has been explained to me and I have been given a copy or will access it at [www.thesmithfamily.com.au/privacypolicy-studentsandfamilies](http://www.thesmithfamily.com.au/privacypolicy-studentsandfamilies)

**We are committed to child safety** 

The Smith Family is committed to safeguarding children and young people from abuse and neglect as we work with their families and communities. We will provide safe environments; always act in the best interests of children; and take action to protect children and other vulnerable persons from abuse and neglect.  The Smith Family’s Child Protection Framework can be found at [www.thesmithfamily.com.au/childprotectionframework](http://www.thesmithfamily.com.au/childprotectionframework) and our Commitment to Safeguarding Children and Young People can be found at [www.thesmithfamily.com.au/safeguardingstatement](http://www.thesmithfamily.com.au/safeguardingstatement)

**Exclusion of Liability**

Whilst The Smith Family has taken and will take all reasonable care to avoid injury to persons or damage to or loss of property whilst attending the ***Passport to Success program,*** The Smith Family shall not be liable for personal injury or property loss or damage of any kind whatsoever, other than injury, loss or damage directly attributable to failure to take reasonable care on the part of The Smith Family.

I confirm that I have read the above and by signing this letter I accept these terms of exclusion.

I am over 18 years of age and a Parent, Guardian or Primary Carer of the children listed and I have read the above and consent to the terms listed on this registration form.

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| **PARENT / GUARDIAN CONSENT** |

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the* ***Passport to Success*** *Program. I have read and fully understand the above conditions.*

***Name of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***