

23rd August 2023

Term 3 Aboriginal Yarning Circle

Dear parent/guardian,

As part of Aboriginal education team, students are invited to participate in the Term 3 yarning circle.

This is an opportunity for all students to explore Aboriginal culture.

Location: Boardroom South, Open Access College, 1-37 Marden Road Marden SA 5070.

Date: Friday 15th September 2023

Time: 11.00am-3.00pm

Please arrive at 10.45am to sign in at Student Services before making your way to Boardroom South at Open Access College. Students will be required to sign out at student services before leaving at 3.00pm.

PLEASE REGISTER ONLINE with this link;

https://forms.gle/14YY1T979kun3HEp9 Also, return the attached forms.

To attend the event students will: Students will be required to organise their own way to and from Open Access College.

Students must bring: a light snack, water, a pen and paper.

Please refer to the attached consent form for further details.

Return the completed consent form and media consent to

Michael.Bradshaw712@schools.sa.edu.au by 6th September 2023.

Photos may be taken at this event and published on our website and Facebook page. If you have returned a media consent form at enrolment for 2023, you do not have to return another. You can check whether we have a media consent form on file via Daymap Connect Parent Portal.

Please contact, Mic Bradshaw if you have any queries or concerns Michael.Bradshaw712@schools.sa.edu.au or by telephone on 08 8309 3625.

Yours sincerely,

Mic Bradshaw

Mic Bradshaw Jeane Schocroft

Aboriginal Education Team Deputy Principal

Open Access College

www.openaccess.edu.au

Marden Campus

1-37 Marden Road MARDEN SA 5070 Phone (08) 8309 3500 Fax (08) 8362 0045 Toll Free 1800 882 328 Courier: FAST

Port Augusta Campus

School of the Air 59 Power Crescent PORT AUGUSTA SA 5700 Reception (08) 8642 2077 Fax (08) 8642 3563 Toll Free 1800 018 287

Courier: PORT AUGUSTA



Department for Education

ED170 Updated: 07/21



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents includes independent students, caregivers (for children in care) and authorised persons (standalone preschools), see definitions of the camps and excursions procedure)

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent of:	•								3				
STUDENT/CHILD'S NA	AME												
l:	<u></u>												
PARENT NAME													
give my consent fo	or [name	e of chil	d] to pa	rticipate	in:								
NAME OF CAMP/EXCURSION/S OR ADVENTURE ACT	Yarning Circle												
do not give my co	nsent fo	or [name	of chile	d] to part	icipate	in any	religio	us activitie	s outlin	ed belo	w (if ap	plicab	le)
LOCATION	Boardro	oom South	, Open Ac	cess Colleg	je 1-37 M	larden Ro	ad Marde	n SA 5070.					
FROM:				TO:			•	OR ON:	1 5	0 9	2 3	7	
Does your child ha excursions etc? If Yes, has a care p	Yes	s 🗌 N	lo D	N/A						d be co Yes	nsidere		amps,
If No, please pro			_		-			-			_		
Any other matters		•	-			-		•				lo 🗌	
If Yes, please οι	ıtline det	tails to th	ne schoo	l/prescho	ol in th	e box b	elow.						
Details of planned a t eachers/instructo							numbe	er of stude	nts/child	dren an	d super	vising	
Agreement I agree to delegate they deem neces													
 In the event of a charge to arrang and dental expering department if my 	e whate	ver med urred on	ical trea behalf o	tment a re of my chil	egistere d. I und	ed medio derstand	al prac	titioner con	siders ne	ecessar	y. I will <mark>լ</mark>	pay all ı	medical
 Where appropriate health support health 								e informatio	on, includ	ding deta	ails of a	ny addi	tional
• The information	given is	accurate	e to the l	pest of my	y know	ledge.							
 I acknowledge th 	nat a risk	manag	ement fo	orm is ava	ailable ı	upon red	uest fo	r my inspec					
Signed:									Date	: /	/		
Parent (in case of	emerge	ncy)											
NAME													
RELATIONSHIP TO CHILD													
TELEPHONE (1)			TEL	EPHONE (2	2)			МС	OBILE				
Student Medic Al	ert Num	ber (If a	pplicab	ole):									

^{*}Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

(Note: for a series of activities that take place on a regular basis (including regular outings), list all individual activities, dates, locations, cost, transport, supervision arrangements and start and dismissal times)

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED AND PROGRAMS PLANNED FOR STUDENTS UNABLE TO ATTEND	Students to attend aboriginal artefacts lesson and progress work on school mural.
TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS	Students will be required to organise their own way to and from Open Access College. Please arrive at 10.45am to sign in at Student Services before making your way to Boardroom South at Open Access College. Students will be required to sign out at student services before leaving at 3.00pm.
SLEEPING ARRANGEMENTS (WHERE APPLICABLE)	
	N/A
NUMBER OF STUDENT/CHILDREN ATTENDING	4-10
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	3
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1:15
COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE	Financial assistance is available for students where Open Access College is the enrolling school and who live 80km from Adelaide CBD to attend face to face events.
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	Students who are unable to attend are required to attend lessons.
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	Mic Bradshaw, 08 8309 3625 Michael.Bradshaw712@schools.sa.edu.au