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| Permitted Workers On-site Attendance Application Form  Please note that parents/carers need to complete this process WEEKLY by 3pm on Thursday to ensure adequate staffing can be arranged to supervise students | | |
| **Student/s** | Name: Student’s Full Name Grade: Student’s Grade  Name: Student’s Full Name Grade: Student’s Grade  Name: Student’s Full Name Grade: Student’s Grade  Name: Student’s Full Name. Grade: Student’s Grade | |
| **Parent/Carer 1** | Full Name | E-mail Address  Phone Number/s |
| **Parent/Carer 2** | Full Name | E-mail Address  Phone Number/s |
| **Common Understanding:**  I am aware that:   * The Department of Education guidelines state that ***“all students MUST be learning from home, except for children whose parent/carer is doing permitted work on days when they are not able to be supervised at home and no other arrangements can be made*”**. * If my child/children attends school for supervision, he/she will continue to follow the remote and flexible program provided by the class teacher, via their own device brought from home. That is, the same remote learning program is followed by all students, whether learning from home or when supervised on school premises. * Supervision will be provided by a Teacher or Education Support Staff member, not your child’s teacher. * The school will be implementing hand hygiene and social distancing guidelines that you and your child/ren will need to adhere to. * Students will receive a temperature screen every morning before starting school while the stay at home restrictions are in place. * If approved, supervision is not automatically a 9:00am – 3:30pm, on-going arrangement. It will be provided as per individual arrangements on a case by case basis and according to week by week requirements, eg: within shifts and work hours. * If approved, arrangements will be put in place for one week at a time. * The canteen is not open, so students will need to bring their own snack and lunch.   **Please sign or print your name here to acknowledge the Common Understanding:**  Full Name/s  Parent/Carer Name  Signature/s  Signature | | |
| **Please provide the following information for *all* Parent/Carers:**  Note: Work Permit/s for all Parent/Carers must be provided with this application   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Parent / Carer | WHAT PERMITTED SERVICE ARE YOU WORKING IN?  Please provide details of your work. | | | Work Permit included with application (tick): | EMPLOYMENT DETAILS  *Full Time, Part Time or Shift Worker?*  *Please provide days/hours of employment.* | | Employer | Contact Name (Supervisor) | Contact Number | | Parent/ Carer 1 | Employer | Name | Phone Number/s |  | Select Employment Type,  Employment Details; Including days/hours | | Parent/ Carer 2 | Employer | Name | Phone Number/s |  | Select Employment Type,  Employment Details; Including days/hours | | | |

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| What day(s) of the week and hours of the day (within 9:00am - 3:30am) will your child/ren require supervision at THPS?   |  |  |  |  | | --- | --- | --- | --- | | TERM 3 | PLEASE INDICATE REQUESTED DAYS & HOURS OF SUPERVISION REQUIRED EACH DAY  *For example: 10:00am - 2:00pm or 1:00pm - 3:30pm* | | | | Monday | / / | Arrival Time to Departure Time | | Tuesday | / / | Arrival Time to Departure Time | | Wednesday | / / | Arrival Time to Departure TIme | | Thursday | / / | Arrival Time to Departure Time | | Friday | / / | Arrival Time to Departure Time | | |
| **EXTREME CIRCUMSTANCES** | |
| **Please mark at least one of the following:**  Child/ren whose parents are permitted workers and alternative arrangements cannot be made for the supervision of child/ren.  Vulnerable child/ren in out of home care, child/ren known to Child Protection & other agencies or Child/ren that the school identifies as vulnerable.  Child/ren with a disability who also fit one of the above categories.  (*Please note that one of the boxes above needs to be ticked as well for this to apply*) | |
| **Emergency Contact Details**  *\* Please provide details of an adult (not primary parents/carers) who is able to collect your child if needed* | Name: Full Name  Relationship to child/ren: Relationship  Phone Number/s: Phone Number/s. |
| ***By submitting this form, I declare that my child is / children are well and I (or a delegate) will collect my child/ren as soon as is practicable upon the request of the school if my child becomes unwell***. | |
| Parent/Guardian Name: Full Name  Signature: Signature  Date: Date  Best Contact Number/s on day/s of On-Site Supervision: Contact Phone Number/s. | |
| ***Authorisation*** – *Office Use Only Approved or Declined* | |
| *Principal:*  *Signature:*  *Date:* | |