

ASCOT VALE PS ON-SITE SUPERVISION PROGRAM - APPLICATION FORM – STAGE 4 RESTRICTIONS

WEEK 5 TERM 3

Instructions: This is an updated form – due to stage 4 restrictions. Please complete the application form fully. Applications for **week 5 of Term 3** need to be submitted via the school email ascot.vale.ps@education.vic.gov.au by **9am Friday 7th August 2020**. The school will contact you if you choose criteria 2 or 3 to discuss your situation. We will advise you the outcome via return email for the week on Friday afternoon. The program runs from 9am to 3.30pm each school day. **One form per child is required. Late requests generally will not be accepted.**

Stage 4 reminder: We ask that parents/guardians please keep children at home, if this is possible, to reduce the number of people attending the school site, and to ensure numbers remain at an absolute minimum. We must consider the health and safety of staff at AVPS as well as reducing the total numbers of people on and around the school site.

1. Student name:	X
2. Student/s date of birth:	X
3. Student/s current year level and unit:	X
4. Medical condition/s and details:	X

5. Eligibility Criteria - A major aim of the stage 4 restrictions is to limit movement around Melbourne, the suburbs and the state generally. The criteria for students that can attend the supervision on-site program has changed as follows:

- a) children whose parents are permitted workers. As outlined in the link below
- b) vulnerable children in out of home care, children known to child protection and other agencies and children the school identifies as vulnerable
- c) children with a disability who also must fit one of the above two categories

Please tick either a, b or c below and complete the requirements for each section.

<p>a) Permitted Workers <input type="checkbox"/></p> <p>We will require updated letters from your employers (for BOTH parents) or the new DHHS Work Permit stating you are a permitted worker and are unable to work from home including hours and times of work. This may be followed up by a call to your employer. Please send these documents together with your application rather than separately. No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 25%;">Date</th> <th style="width: 15%;">Time req</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>10/8/2020</td> <td></td> </tr> <tr> <td>Tuesday</td> <td>11/8/2020</td> <td></td> </tr> <tr> <td>Wednesday</td> <td>12/8/2020</td> <td></td> </tr> <tr> <td>Thursday</td> <td>13/8/2020</td> <td></td> </tr> <tr> <td>Friday</td> <td>14/8/2020</td> <td></td> </tr> </tbody> </table>	Day	Date	Time req	Monday	10/8/2020		Tuesday	11/8/2020		Wednesday	12/8/2020		Thursday	13/8/2020		Friday	14/8/2020		<p>b) Vulnerable <input type="checkbox"/></p> <p>“A child who is in need of special care and supervision to better connect them with remote teaching and learning where the school deems this cannot be provided adequately and consistently in the home context.” We will make a time to discuss this with you. If your child fits this category then they will be considered eligible for the supervision program. Requests for particular days will not be accepted in this category. The school will choose the days your child attends. This will allow us to spread the number of student’s onsite across the week, and therefore reduce the staffing requirements.</p>	<p>c) Disability <input type="checkbox"/></p> <p>Name of diagnosed disability/ies</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>*Must also fit one of the two categories a) or b) We will make a time to discuss this with you. If your child fits this category* then they will be considered eligible for the supervision program. Requests for particular days will not be accepted in this category alone. The school will choose the days your child attends. This will allow us to spread the number of student’s onsite across the week, and therefore reduce the staffing requirements.</p>
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By signing and submitting this form, I declare that **a)** the information is true and correct, **b)** my child is well, **c)** I will collect my child as soon as is practicable upon the request of the school if my child becomes unwell and **d)** I will collect my child by no later than 3.30pm each day (unless they will be attending After School Care).

Parent/Guardian name: **X** _____

Signature: **X** _____ Parent/Guardian contact number: **X** _____

Date: **X** _____