Trinity Bay SHS
Parent Consent Form
For student participation in the Clontarf Academy Program

Privacy Statement
The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:
- obtain lawful consent for your child to participate in the Clontarf Academy Program; and
- obtain lawful consent to disclose your child's personal information to the Clontarf Foundation for the purposes of the Clontarf Academy Program

The information collected on this form will only be accessed by authorised DET 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 otherwise 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.

Section 1 – The Clontarf Academy Program

The Clontarf Academy Program (the Program) is provided by the Clontarf Foundation, ACN 131 909 405, an Australian Public Company limited by Guarantee (http://www.clontarf.org.au/about/). The Program uses Aboriginal and Torres Strait Islander male students' passion for football to help maximise their school attendance and promote positive participation and achievement in school, training and prospective employment. The major goal of the Program is to ensure Program students attend school, engage in learning and behave appropriately at school.

Please Note: Clontarf Foundation staff are not employed by the Department of Education and Training and the Clontarf Foundation is solely responsible for the delivery of the Program.

The Clontarf Foundation and the school determine which students will be allowed to participate in the Program.

There is an expectation Program students will fully participate in their education program, behave in an appropriate manner, contribute to the life of the school, complete year 12, have a positive attitude, be punctual, attend school regularly and be confident and feel part of the community.

Students who fail to meet the expected standards of participation and behaviour may be removed from the Program. Please note also that the school may discontinue the Program.

Students accepted into the Program (Program students) will be mentored and counselled by locally based staff of the Clontarf Foundation on a range of behavioural and lifestyle issues, both during and outside of school hours.

Specifically, whilst the Program is operating at the school, the Program will involve -

Educational and behavioural assistance -

- Clontarf staff will assist Program students with their schooling and transition to training or employment after schooling. This may include Clontarf staff –
  - working with the school to identify appropriate school timetables, classes and year/ term planners for Program students;
  - working with Program students' teachers to provide appropriate education and career guidance to Program students;
  - supporting the school with sports coaching, before and after school sporting competitions and other school based activities for Program students;
  - accessing Program students for one school period per week to deliver a 'life skills/ Clontarf values' class; and
  - supporting the school with vocational education and training and work placements and working with the school to provide support to graduating Program students in transitioning to employment or further vocational training.

- Clontarf staff will work closely with Program students to modify negative behaviours. This may include Clontarf staff -
    - attending student management meetings conducted by the school for Program students, including meetings about student behaviour and attendance, where appropriate;
    - attending behaviour management induction sessions for Program students where invited; and
    - attending strategically selected classes to assist teaching staff with classroom delivery and student management for Program students where invited.
- Clontarf staff will monitor and evaluate the educational and behavioural progress of Program students, including by –
    - attending meetings with Program students' teachers and attending Program students' classes as appropriate; and
    - reviewing data relating to Program students attendance, behaviour and educational progress.

Extra-curriculum activities -

- Program students will –
    - participate in a Program orientation and induction activity organised and supervised by Clontarf staff;
    - participate in a range of extra-curriculum activities organised and supervised by Clontarf staff, including in school sessions, camps, excursions and sporting carnivals; and
    - be picked up from home before school by Clontarf staff for sports training sessions and provided with breakfast.
      (NOTE – Program students may be required to travel in Clontarf Foundation vehicles with Clontarf staff when attending extra-curriculum activities).

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 while participating in the Program, 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 the Program.

Further information on the Program is available from the Academy Director at the school.

Section 2 - Information Sharing

If you wish for your child to participate in the Program, the Department of Education and Training will be required to disclose the following personal information to the Clontarf Foundation and its staff -

- Your name and contact details, including home address and phone number(s).
- Your child's name, date of birth, year level and student ID number;
- Your child's contact details, including home address and phone number(s);
- Your child's school attendance data, including OneSchool attendance records;
- Your child's educational information, including class lists, timetables, year/ term planners, items of assessment, report cards and educational plans;
- Your child's behavioural information, including any individual behaviour plans, behavioural assessments, disciplinary notices and OneSchool disciplinary records;
- Your child's medical information, including any medical conditions that may impact on his education, behaviour or participation in extra-curriculum activities and required treatments for any medical conditions;
- Information on your child's participation in any school sports, extra-curriculum activities, school based activities, vocational education and training, work placements or career counselling.

Section 3 – Parent/ Guardian Consent
By signing this form (below) I/we acknowledge that – 1. I/we are the parent(s) or legal guardian(s) of the child named below; 2. I/we understand that the Clontarf Foundation and the school determines which students will be allowed to participate in the Program and that completing this form does not guarantee that my/our child will be accepted into the Program; 3. I understand the Department of Education and Training does not guarantee that the Program will continue indefinitely; 4. I/we have read Section 1 of this form and understand what the Program involves and that the Clontarf Foundation is solely responsible for delivery of the Program; 5. I/we give permission for my/our child to participate in the Program; 6. I/we have read and understood Section 2 of this form and give permission for the Department of Education and Training to disclose the personal information listed in Section 2 to the Clontarf Foundation and its staff for the purposes of my/our child's application to join, and participation in, the Program. If at any time you no longer wish for your child to be involved in the Program, please contact the School Principal.

Child details*		
First name	Last name	Date of Birth / /
School at which child is enrolled	Grade/Class	

Name of signing parent/guardian 1*	**Signature of parent/guardian 1*** **Date** / /
Name of signing parent/guardian 2	**Signature of the parent/guardian 2** **Date** / /

*Section must be completed.

Clontarf Foundation
Trinity Bay Academy Program
2026

Dear Parents/Caregivers,

On behalf of the Clontarf Academy staff at Trinity Bay State High School, I would like to invite your son to be a part of the Clontarf program. This program is designed specifically for Aboriginal and Torres Strait Islander males, and we provide full time, in school support.
The Clontarf program offers:

- A fun, safe and enjoyable room for our members to utilise during specified times
- In and out of class support
- Health and well-being sessions
- Fun morning training sessions
- Engaging after school activities
- Camps
- Sporting games and carnivals
- Community activities
- Assistance in gathering a tax file number, bank account, drivers licence and a number of other work ready documents.
- Employment visits and exposure to potential employers and ongoing support from our Employment Officer

The program is fully funded and all of the activities will be free of charge to the families. Each student will receive a registration form at the beginning of every year to complete. On the front page are nine guidelines we ask all of our members to follow so please sit with and read through carefully before both parents/guardians and potential Academy members sign. You will also find attached a form for a free Health Check.

Although we will encourage everyone to participate in all of the activities, it is completely up to the individual which activities they choose to take part, however, some will be essential. If any members aren't following our guidelines or are not engaging with the program, their spot will be reviewed and can be withdrawn.

Below is a sample of the weekly schedule.

Year 7, 8 & 9 Weekly Planner					
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Morning Training 7:00am Start		Morning Training		Morning Training	
1st Lunch	Academy Time	Academy Time	Academy Time	Academy Time	Academy Time
2nd Lunch	Monday Munch	Academy Time	Academy Time	Foosball/Ping Pong Comp	Movie & Board Games
Afterschool 3:00 – 4:30pm	**Year 7 Activity** **Year 8 Activity** **Year 9 Activity**				

Kind Regards,

Chey Bird
Director
Trinity Bay Clontarf Academy
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E: cbird71@eq.edu.au
W: www.clontarf.org.au

REGISTRATION FORM
&
ACADEMY MEMBER CONTRACT

(To be completed by student)

The Clontarf Foundation exists to improve the education, discipline, self-esteem, life skills and employment prospects of young Aboriginal and Torres Strait Islander men and by doing so equips them to participate meaningfully in society.

Clontarf Academy Name: Trinity Bay Academy
School Name: Trinity Bay SHS

Surname: _____ First Name: _____

Date of Birth: _____ Year Level: _____ Mobile Phone: _____

Address:_____

Parent/Guardian Names: _____

Guardian Relationship: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

ACADEMY CODE OF CONDUCT

- ✓ Respect for all Academy and school staff and peers
- ✓ Respect for Academy and school premises and equipment
- ✓ Attending school and participating appropriately and honestly in all class activities
- ✓ Maintaining a good behaviour record at school
- ✓ Displaying a real commitment to your timetable and school work
- ✓ Attaining agreed benchmarks for all camps/tours and activities
- ✓ Completing allocated tasks and sharing the workload
- ✓ Upholding and displaying the values of the Academy at all times
- ✓ If this contract is broken at any stage, members may be withdrawn from the Academy for a short time until they reassess and re-sign their contract

I, _____ accept the responsibility of being a member of the Academy.

Signed: _____ Date: _____

CAREGIVERS' CONSENT FORM

ACADEMY MEMBER

Academy members participate in a range of activities and events within the local area, both before, during and after school and on weekends.
The activities include sports matches, tournaments, clinics, community activities, leadership activities, worksite visits, and day excursions.

We require your permission/consent for the following before your son can become a member of the Academy.

	Please circle
The student identifies as being of Aboriginal and/or Torres Strait Islander descent and is enrolled in the school shown on the cover sheet.	YES
I give permission for my son to become a member of the Academy.	YES
I give permission for my son to attend local excursions, training, activities and games before, during and after school and at weekends.	YES
I give permission for my son to travel in a team bus, Academy vehicle or Academy staff private vehicle to attend the above or any other Clontarf Academy related visit.	YES

Signed: _____ Date: _____

CAREGIVERS' CONSENT FORM

PERMISSION TO PUBLISH

Members of the Academy are often photographed and videoed whilst taking part in activities that focus on the learning areas of Education, Employment, Leadership, Partnerships, Sport and Wellbeing.

We require your permission to take and publish these photographs and use the video.

Please note:

- Photographs and video are used by the Foundation to showcase the achievements of Academy members.
- Appropriate photographs and video are carefully selected and approved by Foundation staff prior to publication.
- Photographs and videos will be stored and disposed of securely.
- Should you choose to change your consent or have any queries regarding photographs or videos please speak to your Academy Director.

	Please circle
I give permission for photographs of my son to be taken during Clontarf Foundation activities.	YES
I give permission for my son to be identified by name in publications, newsletters, websites and social media channels.	YES
I give permission for my son's photograph to be used in Clontarf approved internal publications, newsletters, websites and social media channels.	YES
I give permission for my son's photograph to be used in Clontarf approved external publications, websites, newsletters and social media channels. This includes use by the Foundation's corporate and government partners.	YES
The Clontarf Foundation uses a very safe and secure database called the Clontarf Information Management System (CIMS) to maintain a record of each student. CIMS records the details of the students and their Academy activity. This helps them have a record of their achievements while in the Academy and put together a portfolio for applying for employment or further studies after school. Please indicate your consent for this record to be created and updated.	YES

Signed: _____ Date: _____

NOTE: Clontarf always treats students' information with great confidentiality and does not disclose individual information to any other parties without the consent of the parent/guardian and the student.

CAREGIVERS' CONSENT FORM

PERMISSION TO CREATE AND UPDATE STUDENT RECORD

The Clontarf Foundation uses a very safe and secure database called the Clontarf Information Management System (CIMS) to maintain a record of each student. CIMS records the personal details of the students and their Academy activity. Please indicate your consent for this record to be created and updated.

Please circle I give permission for the Foundation to create a student record of my son:

YES **NO**

Student's name: _____

Parent/Guardian/Caregiver's Name: _____

Signed: _____

Date: _____

What is recorded?

- Student name
- Parent/ caregiver contact information
- Address
- Date of birth
- Resume
- Driver's licence
- Birth certificate
- Attendance at school
- Participation in Clontarf activities, such as work site visits, camps, and excursions
- Employer information
- Alumni activity record
- Life outcome

What is the information collected for?

- Internal purposes to assess and evaluate the effectiveness of the programme
- To measure retention, attendance, year 12 completion, and employment outcomes
- To manage the Foundation's business, such as for budgeting and planning purposes
- For reporting purposes to government partner

Student Medical Details

To be completed by Parent/Guardian of all students participating in excursions which involve an outside school activity.

1. STUDENT DETAILS:

Name of Student:		Date of Birth:
Parent/Guardian Name:		
Parent Contact: Mobile:	Home:	Work:
Medicare Number:		Position Number:

2. MEDICAL CONDITION:

*Please indicate below any known medical conditions relevant to the above named student. In the instances where there is a "**YES**" response, please describe the nature of the problem or provide a letter from your doctor.*

MEDICAL CONDITION	RESPONSE	ADDITIONAL COMMENTS
Heart problems	YES / NO	
Blood Pressure	YES / NO	
Respiratory problems (other than Asthma)	YES / NO	
Asthma	YES / NO	
Epilepsy	YES / NO	
Operations	YES / NO	
Diabetes	YES / NO	
Allergies	YES / NO	
Drug Reactions	YES / NO	
Recent Illness	YES / NO	
Phobias	YES / NO	
Additional concerns/ comments	YES / NO	
Date of most recent Tetanus injection	YES / NO	

3. MEDICAL PRACTITIONER:

Name of Family Doctor:
Medical Practice Name:
Address:
Telephone Number:

Medicare Number:

5. CURRENT PRESCRIBED MEDICATION (S)

The medication(s) listed below has/have been prescribed for my son/daughter by a registered Medical Practitioner and will be required to be administered while my child is involved in the excursion indicated in section1. I hereby request the teacher accompanying the excursion who has been so authorised by the Principal to administer a medication(s) in accordance with the instructions written on the medication container(s) by the Pharmacist in accordance with the Medical Practitioners instructions. I understand that all unused medication(s) will be returned to me.

NAME OF MEDICATION	DOSAGE	TIME FOR ADMINISTRATION

6. DISCLAIMER

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified Medical Practitioner(s) additional information concerning any conditions identified in Section 2 should such need arise.

7. AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur.

I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the student which are not covered by my personal/family ambulance subscription, medical benefits fund for travel insurance in the case of overseas travel.

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

CAREGIVERS' CONSENT FORM

SWIMMING ACTIVITIES

Throughout Term 1 and 2, 2025, the Trinity Bay Clontarf academy will undertake a number of water-based activities for students.

These activities will include swimming in numerous locations throughout the Cairns region, in swimming pools, creeks, rivers, dams and beaches, and performed as part of morning training and after-school activities.

All Clontarf Foundation staff hold current Bronze Medallion and Senior First Aid certificates, and swimming activities will be conducted at a staffing ratio of no more than 25 students per 1 supervising staff member.

Clontarf staff will always appraise the conditions to ensure safety.

Locations for swimming in Term 1 will be selected from the following:

- Trinity Bay SHS pool
- Tobruk pool
- Esplanade Lagoon
- Woree pool
- Sugarworld
- Freshwater Creek, Goomboora Park
- Freshwater Creek, Crystal Cascades
- Freshwater Creek, Oasis Swimming Hole
- Freshwater Creek, Stoney's
- Holloways Beach
- Yorkey's Knob
- Trinity Beach
- Palm Cove

Please circle: I give permission for my son to participate in water-based activities with the Clontarf Foundation:

YES **NO**

My son is a confident and capable swimmer:

YES **NO**

Student's name: _____

Parent/Guardian/Caregiver's Name: _____

Signed: _____

Date: _____

clontarf foundation

CAREGIVERS' CONSENT FORM

04c – HEALTH CHECK (FOR USE WITH SONIC HEALTHCARE)

The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander men. Key to our approach is a focus on the health and the overall wellbeing of the young men in our Academies.

To help support the early detection, diagnosis and intervention for common and treatable conditions, the Clontarf Foundation works with local Health Providers to deliver a FREE annual Health Check to our young men. These Health Checks can provide important information about your child's health and wellbeing, including:

- Kidneys
- Teeth & Gums
- Anaemia
- Heart & Lungs
- Skin
- Mind
- Hearing & Vision

A Health Check requires permission from parents/guardians. Please sign the consent below if you would like your child to receive this service.

CONSENT FOR STANDARD HEALTH CHECK

Student name: _____ Date of birth: _____

Address: _____ Student's Medicare Number: _____

I give consent for the above-named student to receive a free Health Check YES NO

If NO to above, has your child had a Health Check in the last 9 months. YES NO

CONSENT FOR BLOOD AND URINE TESTS

In addition to a standard Health Check, to maximize the value of this service there is also an option to include the following:

- A blood and urine sample to test for conditions such as diabetes, anaemia, and some infections like hepatitis and STIs.

I give consent for the above-named student to provide a blood sample YES NO

I give consent for the above-named student to provide a urine sample YES NO

CONSENT FOR RELEASE OF INFORMATION TO YOUR USUAL HEALTH PROVIDER

In the interest of your child's good health and wellbeing, it is important that they be followed up with their usual doctor if any issues are identified during the health check:

I give consent for a copy of this health check and test results to be provided to my usual doctor if requested. YES NO

Our child's usual Doctor (GP) or Health Provider is _____

Health Provider's Phone Number: _____

Parent/Guardian name: _____ **Signature:** _____

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