

Ø Online Form - Central Coast Careers Expo

| Activity Name: | Central Coast Careers Expo |
|-------------------------|---|
| Date/Time: | Tuesday 9 April 2024 9:15am - 1:10pm |
| Description: | An opportunity for students to talk to a variety of exhibitors about career options and the pathways open to them. Exhibitors include Police, Fire Brigade, Ambulance, Various uni's, TAFE and many others. |
| | If you wish your child to attend please give online permission. Please do not make payment until you have been invoiced. This excursion is open to the first 48 respondents. |
| Cost: | \$22.00 |
| Venue: | Avondale College |
| Transport: | Coach |
| Dress Code: | Full Sports Uniform. |
| Food: | Bring your own food and drink. |
| Please Bring: | Please note students may not get back in time for sport however, please be prepared with sporting equipment if required. |
| Educational Outcomes: | The chance to look at career option and pathways particularly leading up to Subject Selection. |
| Additional Information: | First 48 students to pay and return permission note will attend. |
| Due Date: | Wednesday 3 April 2024 |

* indicates a required field

I have read the above details and give consent for my child, to attend the Central Coast Careers Expo. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate

| under public health orders. * |
|--|
| ○ Yes ○ No |
| Student Name: |
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| Parent/Carer Name: * |
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| Parent/Carer Phone Number: * |
| |
| Emergency Contact Name: * |
| |
| |
| Emergency Contact Phone Number: * |
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| Medical Conditions (including any medication required): |
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| Dietary Requirements: |
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| I give permission for my child to be recorded or photographed to promote the event on local and social media: |
| O Yes |
| ○ No |
| |
| Parent/Carer Signature: * |
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| Please note : Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page. |
| button rocated on this page. |
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