Learning Enhancement at Palmview (LEAP)

Thursday, August 21, 2025

Please complete all blue sections of this form before returning to deputyprincipal@palmviewssc.eq.edu.au by **Monday, August 18, 2025**

|  |  |
| --- | --- |
| Student Full Name |  |
| Parent Full Name |  |
| Parent Contact (during day) |  |
| Alternative Contact | Contact Name |  |
| Relationship |  |
| Contact Number |  |

**TRANSPORT**

Students and their families are required to organise their own transportation to and from the LEAP Day. Participants are to arrive at Palmview State Secondary College at 8:50am for a 9:00am start in our Lecture Theatre. Students will be dismissed at 2:30pm for departure.

To provide effective supervision of your student, indicate their mode of travel for the day. If they are being collected by an adult other than a parent, please include the name below:

|  |  |
| --- | --- |
| To Palmview SSC (for 8:50am) |  |
| From Palmview SSC (2:30pm) |  |

**MEDICAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Does your child have medical needs that we need to be aware of for this activity? |  | No |
|  | Yes *If yes, please complete question below* |
|  |  |  | I give Palmview SSC permission to contact my child’s school to obtain details. *OR* |
|  |  |  | Please contact me for the information about my child’s medical details. |
| Does your child need to be administered medication during the activity period? |  | No |
|  | Yes *We will contact you to make suitable arrangements* |

**MEDIA PERMISSION: STATE SCHOOL CONSENT FORM**

This page is to inform you about how we will use your child’s personal information and student materials. It outlines:

* what information we record
* how we will use student materials created during your child’s transition activities (including LEAP Day)

Examples of personal information which may be used and disclosed (subject to consent) include part of a person’s name, image/photograph, voice/video recording or year level.

Your child’s student materials:

* are created by your child whether as an individual or part of a team
* may identify each person who contributed to the creation
* may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school’s usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education. To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the ‘Media Sources’ section below. The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child’s personal information and student materials to be presented in part or alongside other students’ achievements.

The school needs to receive consent in writing before it uses or discloses your child’s personal information or student materials in a public forum. The attached form is a record of the consent provided. It should be noted that in some instances the school may be required by the *Education (General Provisions) Act 2006* (Qld) or by law to record, use or disclose the student’s personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you. If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address. If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school’s satisfaction. Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

**Media sources used**

Following is a list of online and social media websites and traditional media sources where the school may publish your child’s personal information or student materials subject to your consent.

* School website: **https://palmviewssc.eq.edu.au**
* Facebook: **https://www.facebook.com/PalmviewSecondary**
* Instagram: **https://www.instagram.com/palmviewssc/**
* Local newspaper
* School newsletter
* Traditional and online media, printed materials, digital platforms’ promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact **Di Winthrop** (Business Manager) on **5231 5333** or email **admin@palmviewssc.eq.edu.au.**

Di Winthropshould be contacted if you have any questions regarding consent.

**MEDIA PERMISSION: STATE SCHOOL CONSENT FORM** continued

# A black circle with white number one  Description automatically generated IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES (parent/carer to complete)

|  |  |
| --- | --- |
| **Full Name of Individual** |  |
| **Date of Birth** |  |
| **Name of School** | **Palmview State Secondary College** |
| **Name to be used in association with the person’s information and materials\*** (please select one) |
| Full Name | First Name Only | No Name | Other Name (please specify) |  |

*\* Please note, if no selection is made, only the Individual’s first name will be used by the school. However, the school may choose not to use a student’s name at its discretion.*

# A black circle with white number 2  Description automatically generated PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

1. **Personal information** that may identify the person in section 1:
	* Name (as indicated in section 1) ⮚ Image/photograph ⮚ School name
	* Recording (voices and/or video) ⮚ Year level
2. **Materials** created by the person in section 1:
	* Sound recording ⮚ Artistic work ⮚ Written work ⮚ Video or image
	* Software ⮚ Music score ⮚ Dramatic work

# A black circle with white number three  Description automatically generated APPROVED PURPOSE

If consent is given in section 6 of the form:

* The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
	+ Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
	+ Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
	+ Any other activities identified in section 4(b) below.
* The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
	+ the school’s newsletter and/or website;
	+ social media accounts, other internet sites, traditional media and other sources identified in the ‘Media Sources’ section of the explanatory letter (attached);
	+ year books/annuals and school photographs;
	+ promotional/advertising materials; and
	+ presentations and displays.

# A black circle with white number four  Description automatically generated TIMEFRAME FOR CONSENT

 Timeframe of consent: Transition Events including LEAP Day and Orientation Day

# A black circle with white number on it  Description automatically generated LIMITATION OF CONSENT

The Individual and/or parent wishes to limit consent in the following way. (Write ‘NA’ if not applicable).

# A black circle with white number 6  Description automatically generated CONSENT AND AGREEMENT

* **CONSENTER – I am (tick the applicable box):**

|  |  |
| --- | --- |
|  | parent/carer of the identified person in section 1 |
|  | the identified person in section 1 (if a mature/independent student or employee including volunteers) |
|  | recognised representative for the Indigenous knowledge or culture expressed by the materials |

*I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3. By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third-party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.*

|  |  |
| --- | --- |
| **Print Name of Student** |  |
| **Print Name of Consenter** |  |
| **Signature or Mark of Consenter** |  |
| **Date Signed** |  |

**SCHOOL INFORMATION**

All students will be expected to adhere to the [*Student Code of Conduct*](https://palmviewssc.eq.edu.au/supportandresources/formsanddocuments/documents/policies%20and%20procedures/student_code_of_conduct_2023_2026.pdf) (as per the College website, under ‘Policies and Procedures’). Please note: Palmview State Secondary College has a no mobile device policy. Any student telephones need to be turned off and away in bags while on College grounds. Parents and carers are welcome to contact Administration on 5231 5333 if they need to contact their student during the day.

**ACTIVITY CONSENT FORM**

**Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the activity, 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

**By signing this form, I agree to all the following statements:**

* I have read all the information contained in this form in relation to the activity (including any attached material)
* I am aware that the department does not have personal accident insurance cover for children/students.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
* I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
* I have provided the school with all relevant details of the child/student’s medical or physical needs on registration/enrolment and where relevant have updated this information.
* I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant [Queensland Chief Health Officer’s Directions](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers).
* **I give consent for the named student to participate in Palmview State Secondary College’s LEAP Day.**

|  |  |
| --- | --- |
| **Parent Full Name** |  |
| **Parent Signature** |  |
| **Parent Email Address** |  |