



...A home away from home
Providing high quality Outside of School Hours care for your children

School Aged Care Services Information

Dear Parents,

Outlined below are some reminders of our policies and procedures. Please take the time to read through these to avoid confusion or disappointment. We appreciate that some parents have only recently started using the service, however all policies and procedures outlined below have now been in place since 2006.

- Our School Aged Care Services (SACS) are referred to collectively as 'Our Place'.
- The three services encompassed under the 'Our Place' banner are Before College Care (BCC), After College Care (ACC) and Vacation Care (VC).
- The Before and After Kindergarten Care services are housed in our "Wonderland" Early Learning Centre. By law, kindergarten aged children are not permitted to attend any school-based outside of school hours care program.
- **All bookings for Before or After College Care must be submitted in writing** and either faxed directly to 07 3206 5588 or emailed to ourplacebookings@sheldoncollege.com We will confirm your booking in writing.
- We are **not able to accept telephone requests** for bookings or changes to bookings. We can only action written requests.
- The only method for making a Vacation Care booking is to complete the Vacation Care Booking sheet. The Vacation Care Program and Booking sheet will be available online at the College website www.sheldoncollege.com College Services/SACS, and parents will be notified of its availability via the College newsletter. All policies regarding Vacation Care are included on the booking sheet.
- **No cancellations can be actioned unless they are submitted in writing**
- We require **seven (7) days written** notice to action a cancellation of a permanent booking without incurring the absent charge for the place.
- Once a **Casual Booking** is confirmed it will automatically incur a non-refundable fee unless the child is absent due to illness or injury for which a Medical Certificate can be supplied.
- If a child is absent due to illness you will be required to email or fax written notification and we will note this for you. Once we have received a Medical Certificate we will action a cancellation and organise for your account to be credited for this amount.
- In certain circumstances where a Medical Certificate cannot be obtained, or it has not been feasible to do so, parents should contact the Outside School Hours Care Coordinator, in writing.
- **All communication regarding 'Our Place' Bookings and accounts** are to be directed to :
Finance Department
Phone: 3206 5554 (hours 8:00am – 4:00pm)
Fax: 3206 5588
Email: ourplacebookings@sheldoncollege.com

- **All communication regarding care of your child** are to be directed to:
'Our Place' Coordinator
Phone: 3206 5535 (hours 6:30am-8:30am & 2:00pm-6:30pm)
Fax: 3206 5588
Email: ourplacebookings@sheldoncollege.com
- Please **do not** communicate your 'Our Place' booking needs to any other Sheldon College staff member. This includes Student Services, your child's Classroom Teacher, the Preparatory Class Staff and the SACS team responsible for the supervision of the children. These people do not manage the booking database.
- If a student attends other Sheldon College after college experiences it is a parental responsibility to co-ordinate how the student will get to and from the venue. Please contact us if you need any tips on how to co-ordinate this.
- There is a late fee of \$1.00 per minute per child charged for collection of children after the nominated closing times of the service.
- No child can be signed out or collected by any person other than an authorised adult.
- If your child needs to attend a Before College program at the College after you have signed him/her into Before College Care, please supply written approval for another adult to sign your child out and escort him/her to the venue. 'Our Place' staff are not permitted to do this.
- With the exception of the situation described below, all After College Care children are escorted across the road from the Junior College to 'Our Place'.
- If children attend an After College program at the College prior to attending After College Care at 'Our Place' they will need to walk unsupervised from that venue to the 'Our Place' care room to be signed in by the Co-ordinator/ 'Our Place' staff member. This procedure can only occur if parents have supplied written authorisation for it to take place. 'Our Place' staff are not permitted to leave to collect and escort children from other venues.

Please be aware that all policies and procedures are made in the interests of equity to all people needing to use our services.

It is essential that you advise Student Services as soon as you are aware of any new medical conditions or a change to medical conditions. Should your child need to take medication during school hours, an Administration of Medication Form will need to be completed.

Thank you for taking the time to complete this form in the first instance. These forms must be returned to the Finance Department immediately as they must be filed before students attend any 'Our Place' services.

We will send this form home each year to verify that the details are still correct.

Mr Rick Samuels
Director of Community Engagement

CCMS Enrolment Registration

This form MUST be completed for every new enrolment

***** One form per child *****

PLEASE INDICATE CARE TYPE

Sheldon College Early Learning Centre

Vacation Care **Start Date** ___/___/___

After College Care **Start Date** ___/___/___

Before College Care **Start Date** ___/___/___

Informal Enrolment (CCB can be claimed later)

Formal Enrolment (CCB claimed now, as Fee Reduction or Lump Sum)

** Mandatory Information for Formal Enrolment*

* Primary Parent Contact at FAO: _____ * DOB: ___/___/___

* CRN: _____

* Child: _____ Male / Female * DOB: ___/___/___
(Please Circle)

* CRN: _____

Completed By: _____ /_____/_____
PARENT NAME SIGNATURE DATE

FINANCE DEPARTMENT ONLY

Details entered into QikKids ___/___/___ Completed By: _____

Enrolment Details Submitted To DEEWR ___/___/___ Completed By: _____

ENROLMENT FORM



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Before College Care

After College Care

Vacation Care

Student Details

Family Name (e.g. Smith) _____

Given name/s (e.g. Amanda Jane) _____

Preferred First Name (for use on reports and correspondence) _____

Gender Male Female

Date of Birth: (day/month/year) ____/____/____

Religion _____

Main Home Address _____

Suburb _____ Postcode _____

Alternative Home Address (if the child lives at more than one address)

Suburb _____ Postcode _____

Parent 1/Guardian 1 Details

Relationship to student Mother Father Guardian Other _____

Title _____ Family Name _____

Given name/s _____

Preferred First Name _____

Home Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____

Preferred email address _____

Additional email address _____

Postal Address _____

(if same as home address enter 'as above')

Suburb _____ Postcode _____

Occupation _____ Work Phone _____

(Please be specific e.g. Manager of Engineering Company; Director of Human Resources etc.)

Employer _____

(e.g. Queensland Government, Qantas, Woolworths, self-employed etc.)

Parent 2/Guardian 2 Details

Relationship to student Mother Father Guardian Other _____

Title _____ Family Name + _____

Given name/s _____

Preferred First Name _____

Home Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____

Preferred email address _____

Additional email address _____

Postal Address _____
(if same as home address enter 'as above')

Suburb _____ Postcode _____

Occupation _____ Work Phone _____
(Please be specific e.g. Manager of Engineering Company; Director of Human Resources etc.)

Employer _____
(e.g. Queensland Government, Qantas, Woolworths, self-employed etc.)

Details of Other Persons Authorised to Collect Student

1.	Name	Relationship To Child :
	Address	
	Daytime phone no.	
	Identification sighted upon first collection of child <input type="checkbox"/>	
2.	Name	Relationship To Child :
	Address	
	Daytime phone no.	
	Identification sighted upon first collection of child <input type="checkbox"/>	
3.	Name	Relationship To Child :
	Address	
	Daytime phone no.	
	Identification sighted upon first collection of child <input type="checkbox"/>	

All details completed are correct as of the date below:

Signed:

Date: / /

Emergency Contacts and Authorisations

Please supply details of people (other than parents/guardians), who may be contacted to provide consent or authorise medical treatment in the event of an emergency if the parents/guardians cannot be contacted immediately. Before nominating, please ensure these people are willing to be emergency contacts and consent to the collection of their personal information for this purpose.

Emergency contact 1

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Address: _____

Relationship to student: (e.g. uncle, aunt, neighbour, family friend etc.) _____

- Authorised to collect your child? Yes No
- Authorised to consent to medical treatment of, or to authorise administration of medication to, your child? Yes No
- Authorised to authorise an educator to take your child outside the education and care service premises? Yes No

Emergency contact 2

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Address: _____

Relationship to student: (e.g. uncle, aunt, neighbour, family friend etc.) _____

- Authorised to collect your child? Yes No
- Authorised to consent to medical treatment of, or to authorise administration of medication to, your child? Yes No
- Authorised to authorise an educator to take your child outside the education and care service premises? Yes No

Emergency contact 3

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Address: _____

Relationship to student: (e.g. uncle, aunt, neighbour, family friend etc.) _____

- Authorised to collect your child? Yes No
- Authorised to consent to medical treatment of, or to authorise administration of medication to, your child? Yes No
- Authorised to authorise an educator to take your child outside the education and care service premises? Yes No

If you have additional emergency contacts and authorities, please list these on page 15.

The following information enables us to meet our reporting obligations required by law for Government Survey purposes:

Is the child of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Both Aboriginal and Torres Strait Islander

Healthcare Information

Has your child been assessed as a Student with Disability (SWD)?

Yes No Awaiting verification

Permission to call Ambulance if required? Yes No

Consent to administer life saving medication in emergency situations? (e.g. Epipen or Ventolin)

Yes No

Tetanus vaccination up to date? Yes No

Medicare Number _____ Position on card _____

Cardholder name (if different from student name) _____ Expiry date (month/year) ____ / ____

Private medical insurer _____ Membership number _____

Name of Doctor _____ Phone _____

Clinic/Practice _____ Suburb _____

Swimming Ability

Strong – 50 metres unaided

Average – 25 metres unaided

Poor – 10 metres unaided

Non swimmer

Medical Condition Details

The following information helps us to address the medical needs of students during school hours and when attending Before/After College Care and Vacation Care, as well as during College excursions, camps, sports and other activities. The information also enables us to meet our obligations for ensuring the health and safety of all students, staff and visitors to the College.

Does your child have any known medical conditions or special requirements? Yes No

If No, please skip to the Emergency Contacts and Authorities section below on page 8.

If Yes, please provide details below, including any other information that may affect your child's learning ability or participation in physical education and sporting activities.

Please use separate forms or page 15 below if there is insufficient space.

Medical Condition and Special Requirements	DETAILS - Please provide details of any action to be taken, medications and dosage, medical aids - (glasses, contact lenses, hearing aids etc.)		Severity?
Allergies/Anaphylaxis	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/> Epipen? Yes <input type="radio"/> No <input type="radio"/>
Asthma	Yes <input type="radio"/> No <input type="radio"/>	<i>Please complete a separate Asthma Management Plan</i>	Severe? Yes <input type="radio"/> No <input type="radio"/>
Attention deficit disorder (ADD/ADHD)	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Autism Spectrum Disorder (ASD)	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Back/bone/joint or muscular problems	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Blood disorders (including haemophilia)	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Bowel problems	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Cancer/immunosuppressed	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Diabetes	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Dyslexia	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Endocrine/metabolic disorders	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Epilepsy/seizures	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Food sensitivities and/or special dietary requirements	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>

Medical Condition and Special Requirements	DETAILS - Please provide details of any action to be taken, medications and dosage, medical aids - (glasses, contact lenses, hearing aids etc.)		Severity?
Heart conditions	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Hearing Impairment	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both <input type="radio"/>
Intellectual Impairment	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Kidney/bladder problems (including bed wetting)	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Learning Difficulties	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Migraines	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Phobias	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Physical impairment	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Recent operations, injuries or illnesses	Yes <input type="radio"/> No <input type="radio"/>	Date: _____	Severe? Yes <input type="radio"/> No <input type="radio"/>
Respiratory problems	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Skin disorders	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Sleep disorders/sleep walking	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Social Emotional Disorder	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Speech-Language Impairment	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Travel sickness	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>
Vision Impairment	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both <input type="radio"/> Glasses? Yes <input type="radio"/> No <input type="radio"/>
Other	Yes <input type="radio"/> No <input type="radio"/>		Severe? Yes <input type="radio"/> No <input type="radio"/>

Government regulations prohibit the administration of the following medications:

Pharmacy Medication or Caution S2; Pharmacists only Medicine or Caution S3; Prescription only Medicine or Caution S4; Analgesics – Panadol, Panadeine, Paracetamol, Aspirin, Disprin or Codral products; Eye Treatments – Albalon, Astatine-Privine, Visine or Murine; Burn Creams – Mediderm, Derm-Aid, Medi-Crème, Silvasine; Cold and Flu – Benadryl, Codral, Demazin, Difflan, Duro-Tuss, Orthoxicol, Sudafed; Other products – Ventolin, Brondecon, Mercurochrome, Bis Pectin.

Should you wish your child to be administered with any of these medications, an Administration or Medication form must be completed. Medications are to be provided by the parent/guardian and must be labelled with the child's name and clear dosage instructions.

Parent/Guardian's signature to give permission for Sheldon College 'Our Place' employees to give medical attention to your child:

Parent Signature _____ Date / /

Do you require any documents supplied to you in a language other than English?

- No, English only for student Parent/guardian 1 Parent/guardian 2
 Yes, (please advise which language)

Relevant Family Information

We appreciate that some students' family backgrounds differ widely. The following information will assist with the care and welfare of your child and avoid errors in correspondence:

Student lives with: Both parents in same household Shared custody both parents
Mother only Father only
Guardian Foster Parents
Homestay Relative
Other (please specify) _____

Are there any Parenting Orders or Court Orders relating to your child? Yes No

Does the College have copies of recent Parenting Orders or Court Orders? Yes No N/A

Note: Copies of current Parenting Orders and Court Orders must be supplied to Student Services. The College must be informed of any changes to family arrangements and/or Court Orders at the earliest opportunity.

Are there any particular cultural or religious requirements affecting your child of which we need to be aware? Yes / No (If Yes, please provide details)

Regular Excursion form:

Venue: **Facilities located within the Sheldon College grounds including Kindergarten play area, Wonderland, Junior Resource Centre, Assembly area, Junior College playground, Sports Stadium, oval.**

Date: 01 January – 31 December
Cost: Nil
Additional Needs: N/A
Method of Transportation: Walking
Departure time from Sheldon College: }
Arrival time at venue: } *Please see Excursion Log records*
Departure time from venue: } *located at the back of your child's*
Arrival time at Sheldon College: } *sign-in sheet.*
Adult to child ratio: }

I hereby give permission for my child to participate in the Out of Our Place Excursion and I also give permission that medical attention be administered if necessary.

If your child requires medication please complete and sign the *Authorisation to Administer Medication* Form.

All medication will be held by a Sheldon College staff member and administered as per instructions.

Parent/Guardian Name: _____

Address: _____

Home Tel: _____ Work Tel: _____ Mobile Tel: _____

Parent/Guardian signature: _____ Date: _____

ATTENDANCE BOOKING

Before College Care

After College Care

Student's Name :	Form Class :
Home Phone Contact :	

Permanent bookings: Your child will automatically enter on the register on whatever day you have ticked. You must cancel if you know your child is not going to use their place. If your child is absent from ABCC without notice of cancellation, you will be charged an absence fee.

Casual bookings: You must check availability with the Finance Department **PRIOR** to telling your child that they are to go to After College Care. We do not always have places available.

Before College Care (from 6:30am)

Please ✓ tick the box to advise which days you wish to book your child's BCC.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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- Permanent - My child always needs care on these days.
- Casual - I will contact Sheldon College to arrange random bookings.

After College Care (until 6:15pm)

Please ✓ tick the box to advise those days you wish to book your child's ACC

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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- Permanent - My child always needs care on these days.
- Casual - I will contact Sheldon College to arrange random bookings.

Parent / Guardian Signature:

Date: / /

IMMUNISATION RECORD

Student's Name :	D.O.B.: / /	Gender : M / F
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The following checklist is based on the most recent Australian Standard Vaccination Schedule (ASVS) as recommended by the National health and Medical Research Council (NHMRC) and the Australian Government Department of Health and Ageing.

The purpose of this proforma is not to monitor anyone's behaviour. Rather, it is simply one of our workplace responsibilities to document the current immunisation status of any clients using our services.

Please tick which vaccination your child has received. Please supply documentary evidence to support this.

Hepatitis	B1	Birth	
	B2, 3	2mths	
	B2, 3	4mths	
	B2	6mths	
	B3	12mths	
	B4	10-13yrs	

Haemophilus Influenza (Hib)	2mths	
	4mths	
	6mths	
	12mths	

Poliomyelitis	2mths	
	4mths	
	6mths	
	4yrs	

Diphtheria - tetanus - whooping cough	2mths	
	4mths	
	6mths	

Measles - mumps - rubella	12mths	
	4yrs	
Rotavirus	2mths	
	4mths	
	6 mths	

Varicella-zoster	18mths	
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Meningococcal vaccine	12mths	
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All details completed are correct as of the date below:

Parent Signature:

Date: / /

Documentary Evidence Sighted By:

Date: / /

Privacy Policy

Your privacy is important

This statement outlines Sheldon College's and Sheldon College Foundation Limited's (the College's) policy on how the College and the Foundation uses and manages personal information provided to or collected by it. The College is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act.

The College may, from time to time, review and update this Privacy Policy to take account of new laws and technology, changes to College operations and practices and to make sure it remains appropriate to the changing College environment.

What kind of personal information does Sheldon College collect and how does the College collect it?

The type of information the College collects and holds includes (but is not limited to) personal information, including sensitive information, about:

- students and parents and/or guardians ('**Parents**') before, during and after the course of a student's enrolment at Sheldon College;
- job applicants, staff members, volunteers and contractors; and
- other people who come into contact with the College.

Personal Information you provide: Sheldon College will generally collect personal information held about an individual by way of forms filled out by parents or students, face-to-face meetings and interviews, and telephone calls. On occasions people other than parents and students provide personal information.

Personal Information provided by other people: In some circumstances the College may be provided with personal information about an individual from a third party, for example a report provided by a medical professional or a reference from another school or college.

Exception in relation to employee records: Under the Privacy Act the Australian Privacy Principles do not apply to an employee record. As a result, this Privacy Policy does not apply to the College's treatment of an employee record, where the treatment is directly related to a current or former employment relationship between the College and employee.

How will Sheldon College use the personal information you provide?

Sheldon College will use personal information it collects from you for the primary purpose of collection, and for such other secondary purposes that are related to the primary purpose of collection and reasonably expected, or to which you have consented.

Students and Parents: In relation to personal information of students and Parents, the College's primary purpose of collection is to enable the College to provide schooling for the student. This includes satisfying both the needs of the student throughout the whole period the student is enrolled at the College.

The purposes for which the College uses personal information of students and parents include:

- to keep parents informed about matters related to their child's schooling, through correspondence, newsletters and magazines;
- day to day administration;
- looking after students' educational, social and medical well-being;
- seeking donations and marketing for the College; and
- to satisfy the College's legal obligations and allow the College to discharge its duty of care.

In some cases where the College requests personal information about a student or parent, if the information requested is not obtained, the College may not be able to enrol or continue the enrolment of the student.

Job applicants, staff members and contractors: In relation to personal information of job applicants, staff members and contractors, the College's primary purpose of collection is to assess and (if successful) to engage the applicant, staff member or contractor, as the case may be.

The purposes for which Sheldon College uses personal information of job applicants, staff members and contractors include:

- in administering the individual's employment or contract, as the case may be;
- for insurance purposes;
- seeking funds and marketing for the College; and
- to satisfy the College's legal obligations, for example, in relation to child protection legislation.

Volunteers: The College also obtains personal information about volunteers who assist the College in its functions or conduct of associated activities, such as the activities of Sheldon College Foundation Ltd, to enable the College and the volunteers to work together.

Marketing and fundraising: The College treats the marketing and the seeking of donations for the future growth and development of the College as an important part of ensuring that the College continues to be a quality learning environment in which both students and staff thrive. Personal information held by the College may be disclosed to an organisation that assists in the College's fundraising, for example the College's Foundation or alumni association.

Parents, staff, contractors and other members of the wider College community may from time to time receive fundraising information. School publications, like newsletters and magazines and the Fresco Directory, which include personal information, may be used for marketing purposes.

Who might Sheldon College disclose personal information to?

Sheldon College may disclose personal information, including sensitive information, held about an individual to:

- another school or College;
- Government departments;
- medical practitioners;
- people providing services to the College, including our internal and external ICT providers, specialist visiting teachers and sports coaches;
- recipients of College publications, like newsletters and magazines;
- parents; and
- anyone to whom you authorise the College to disclose information.

Sending information overseas: The College will not send personal information about an individual outside Australia without:

- obtaining the consent of the individual (in some cases this consent will be implied); or
- otherwise complying with the Australian Privacy Principles.

How does Sheldon College treat sensitive information?

In referring to "sensitive information", the College means: information relating to a person's racial or ethnic origin, political opinions, religion, trade union or other professional or trade association membership, sexual preferences or criminal record, that is also personal information; and health information about an individual.

Sensitive information will be used and disclosed only for the purpose for which it was provided or a directly related secondary purpose, unless you agree otherwise, or the use or disclosure of the sensitive information is allowed by law.

Management and security of personal information

The College's staff are required to respect the confidentiality of students' and parents' personal information and the privacy of individuals.

The College has in place steps to protect the personal information the College holds from misuse, loss, unauthorised access, modification or disclosure by use of various methods including locked storage of paper records and pass worded access rights to computerised records.

Updating personal information

The College endeavours to ensure that the personal information it holds is accurate, complete and up-to-date. A person may seek to update their personal information held by the College by contacting Sheldon College reception by telephone or via email at updatedetails@sheldoncollege.com at any time.

The Australian Privacy Principles require the College not to store personal information longer than necessary.

You have the right to check what personal information the College holds about you

Under the Commonwealth Privacy Act, an individual has the right to obtain access to any personal information which the College holds about them and to advise the College of any perceived inaccuracy. There are some exceptions to this right set out in the Act. Students will generally have access to their personal information through their parents, but older students may seek access themselves.

To make a request to access any information the College holds about you or your child, please contact the College Principal in writing.

The College may require you to verify your identity and specify what information you require.

The College may charge a fee to cover the cost of verifying your application and locating, retrieving, reviewing and copying any material requested. If the information sought is extensive, the College will advise the likely cost in advance.

Consent and rights of access to the personal information of students.

The College respects every parent's right to make decisions concerning their child's education. Generally, the College will refer any requests for consent and notices in relation to the personal information of a student to the student's parents. The College will treat consent given by parents as consent given on behalf of a student, and notice to parents will act as notice given to the student.

Parents may seek access to personal information held by the College about them or their child by contacting the College Principal. However, there will be occasions when access will be denied. Such occasions would include where release of the information would have an unreasonable impact on the privacy of others, or where the release may result in a breach of the College's duty of care to the student.

The College may, at its discretion, on the request of a student grant that student access to information held by the College about them, or allow a student to give or withhold consent to the use of their personal information, independently of their parents. This would normally be done only when maturity of the student and/or the student's personal circumstances so warranted.

Enquiries

If you would like further information about the way Sheldon College manages the personal information it holds, please contact the College Principal.