  LLEN LOGO

Dear ,

Congratulations on your selection and welcome to **Project Ready** <year>.

You are now officially enrolled in **Certificate II in Active Volunteering – Project Ready** and I will be your facilitator for the year.

<insert information about facilitator>

I am looking forward to getting to know you and exploring your strengths and interests during our sessions. Project Ready gives *YOU* the opportunity to be in charge of your own learning, prepare for your future and practise a bunch of life and work skills. Please be actively involved in the sessions, make suggestions and give yourself permission to fully partake in this amazing program.

Project Ready is a bit different to school. We usually run the program off school grounds, we work together as a group, we do lots of community projects and industry visits, and we sit around in a circle for our interactive learning sessions. We have a group agreement which outlines how we treat each other – no different to your school behaviour policies. I really encourage a mutually respectful and engaging environment.

Our sessions details are:

**Day**

**Time**

**Venue**

**Commencement Date**

**Completion Date**

I will meet you at <time and venue> on the first day which will be < >.

Please wear \_\_\_\_\_\_\_\_ and bring \_\_\_\_\_\_\_\_\_

After the session, you will/will not be required to return to school.

I look forward to working with you this year and getting to know you. If you’re open to this opportunity, this program can really be a life changer!

See you soon,

<Facilitator & mentors details>



  LLEN LOGO

**Project Ready (Certificate II in Active Volunteering)**

**Student Enrolment & Parent Permission Form: <202 > Program**

Congratulations on your child’s selection in Project Ready (Certificate II in Active Volunteering), delivered on behalf of <insert school name> by <insert LLEN name> LLEN trainers in partnership with iVET Training Institute. We are please to confirm the following details regarding your child(ren)’s enrolment:

**TRAINER:**

**SUPERVISOR:**

**TRAINING VENUE:**

**TRAINING DAY & TIME:**

**TRANSPORT TO AND FROM THE VENUE:**

**COMMENCEMENT DATE:**

**COMPLETION DATE:**

**UNIFORM REQUIREMENTS:**

Students participating in Project Ready Certificate II in Active Volunteering excursions are covered by public liability insurance to the value of $20 million provided by VMIA. Here is a link to the policy: <https://www.vmia.vic.gov.au/insurance/policies-and-cover/community-service-organisations-education-program>

If you have any questions about your child(ren)’s participation throughout the program, please do not hesitate to contact me on <insert details>.

Yours sincerely,

<Name of facilitator>

**PROJECT READY PARENTAL CONSENT FORM**

***Return this slip to your child’s Project Ready facilitator by <insert date>***

**PARTICIPATION CONSENT**

|  |  |
| --- | --- |
| Student’s name(s) |  |
| Student USI number |  |
| Address |  Postcode |
| Date of birth |  |
| Student’s email address(es) |  |
| Student’s mobile number(s) |  |
| Student’s home number(s) |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child(ren),

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in Project Ready Certificate II in Active Volunteering.

**YES/NO** (please circle)

**MEDICAL CONSENT**

Does your child have any dietary requirements? **YES/NO** (please circle)

If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies, special needs or medical requirements? **YES/NO** (please circle)

If yes, please advise treatment you would like us to take:

|  |  |
| --- | --- |
| **Allergy, Medical Requirement, Special Need** | **Treatment** |
| *Example**Anaphylactic allergy to nuts* | *If Jackson accidentally eats food containing nuts, he will react severely and will require an epinephrine injection, which he carries with him.*  |
|  |  |
|  |  |
|  |  |

Is your child currently taking any medications which need dosing during session times? **YES/NO** (please circle)

I give consent to the facilitator to dose my child’s medication if/when required. **YES/NO** (please circle)

If yes, please advise medications and dosage requirements.

|  |  |
| --- | --- |
| **Medication** | **Dosage and time(s)** |
|  |  |
|  |  |
|  |  |

I give consent to the facilitator in charge to administer first aid if necessary or in the event of an emergency, call 000.

**YES/NO** (please circle)

**SPECIAL NEEDS**

|  |  |
| --- | --- |
| **Special Needs**  | **Advice to assist facilitators to deliver a positive experience to your child** |
|  |  |
|  |  |

**OTHER CONSENT**

I consent to my child(ren) visiting nearby shops during breaks and other facilities within walking distance from the training venue as part of the program. *Permission forms will be sent to parents for excursions outside walking distance from the training venue.*

**YES/NO** (please circle)

I consent to providing my email address to receive photos and updates on my child(ren)’s progress in Project Ready.

**YES/NO** (please circle) Parent email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO AND VIDEO RELEASE CONSENT**

I grant permission for video recordings and digital photographs to be taken of my child or my child’s work as part of her/his participation in the Project Ready program. I understand that the recordings and images collected will be used for promotional and non-profit educational purposes.

I authorise <name of LLEN> Local Learning & Employment Network and my child’s school to use my child’s image on websites, social media, newsletters and/or in printed promotional materials and at their discretion.

I also acknowledge that the LLEN and my child’s school may choose not to use my child’s image at this time, but may do so at their discretion at a later date.

I understand that once my child’s image is posted on the LLEN or school’s website, the image could possibly be downloaded by a third party. I agree that I will not hold <name of LLEN> Local Learning & Employment Network or my child’s school responsible for any harm that may arise from such unauthorised reproduction.

I consent to the above photo and video release.

**YES/NO** (please circle)

I consent to my child(ren)’s name(s) to be identified in association with any video or photography.

**YES/NO** (please circle)

**SIGNATURE & CONTACT DETAILS**

Parent/Guardian Contact Name & Number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Name & Number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Program Student Survey**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Please note: your survey responses will remain confidential and any data printed in reports will remain de-identified.
* Please tick one box for your answer.

**I feel comfortable and connected to the students at my school**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand why it is important to work as part of a team in the workplace**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**At school, I feel really bad when someone, even if they’re not my friend, gets his or her feelings hurt**

 (please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand how volunteering can increase my chances of getting a job**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel confident and positive about myself**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I know what job and volunteer opportunities exist in my local community**

 (please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand what my own strengths and unique characteristics are**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand how I learn best**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I know what I want to do when I leave school**

 (please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I plan to finish year 12**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**If I had to undertake an interview for a job, I would feel prepared and confident**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**Getting qualified to do a job that I will enjoy is important to me**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand what employers are looking for when hiring new staff**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel confident to speak in front of a group of people**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel comfortable communicating with other people face-to-face**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I am good at resolving conflict**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I am a good listener**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**When I see someone sitting by themselves in the school yard, I make sure they are ok**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand what a growth mindset is**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**Practice and persistence are more important than natural talent or IQ**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel really bad when someone is being bullied at school**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I bounce back well from challenges or set-backs**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand how my social media presence can impact my chances of getting a job**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**It is important to be inclusive and respect diversity in the workplace**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand what a Workplace Health and Safety hazard is**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**It is important for everyone in a work place to follow safe work practices**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I can identify unsafe work practices in a workplace**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**School is a great place**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel really positive about my future**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I feel confident to undertake a work placement (structured workplace learning)**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I know first aid**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I have a strong resume**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I know what enterprise skills are and why they’re important**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*

**I understand the design thinking process**

(please tick)

*Strongly agree Agree Neutral Disagree Strongly disagree*