

SCHOOL SPORT SOUTH COAST



2019

SSSC MASTER FORMS

All forms that are required can be downloaded from this site

www.southcoastschoolsport.eq.edu.au

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GENERAL FORMS

- **Code of Conduct**
 - Team Members
 - Parents & Spectators
 - Student Officials
 - Team Officials
- **Officials**
 - Officials Expenditure
 - Acknowledgement and Approval Form(*For Transfer of Duties/ Training / Mobile Phone / Camera*)
- **Financial**
 - Electronic Funds Transfer Form (EFT)
 - Refund Form
 - Regional Trials Online Levy Payment (QuickCliQ)
- **Other pro formas / templates**
 - Change of Details Form
 - Generic Application for Exemption
 - Playing Time
 - Non-Payment or Non-Attendance Forms
 - Mouthguard Permission Form
- **Reports**
 - Accident Report Form
 - Incident Report Forms
 - My HR WHS – Health & Safety Data Collection Form
- **Guidelines / Protocols**
 - Media & Incident Protocols
 - Student Protection Guidelines
 - Concussion Recognition & Management Policy
- **Competition Divisions & Team Sizes**

CODES OF CONDUCT - TEAM MEMBERS

As a team member:

- Take responsibility for your own behaviour and performance.
- Compete by the competition conditions and rules.
- Follow all directions of team management/officials.
- Show respect and behave in a manner that respects the rights of all others (team members, opponents, officials, etc.) regardless of the medium of communication used, e.g. verbal, physical, digital media such as Twitter, Facebook, email and texts.
- Be a good sport. Encourage and support your team members.
- Wear the official team uniform at the times directed by team management/officials.
- Report in and out with team management/officials each day.
- As directed by team management/officials, stay in the designated team area and support other team members during times when not competing.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Ensure that you have telephone numbers of team managers at all times.

As a guest in accommodation / when in team accommodation:

- Check for any damage to premises on arrival and notify your team official.
- Be respectful of facilities and other guests at all times.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted, nor is entering the room of anyone from the opposite gender.

Breach of the Code by Team Members

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' expense. The Department, through Queensland School Sport (QSS), is responsible for imposing any longer term consequences. Furthermore, QSS may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA). Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.

CODES OF CONDUCT - PARENTS / SPECTATORS

PARENTS CODE OF CONDUCT

As a Parent or Guardian:

- Cooperate with the team officials to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with team officials regarding your child's learning, well-being and behaviour.
- Encourage participation by your child.
- Provide a model of good sportsmanship for your child.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Do not interfere with the conduct of any events.
- Show respect and behave in a manner that respects the rights of all others regardless of the medium of communication used, e.g. verbal, physical, digital media such as Twitter, Facebook, email and texts.
- Adhere to the Department of Education's policy of a smoke, alcohol and drug free environment.

SPECTATORS CODE OF CONDUCT

As a Spectator:

- Demonstrate appropriate social behaviour.
- Remember children play for enjoyment. Don't let your behaviour detract from their enjoyment.
- Let game officials conduct events without interference.
- Support skilled performances and team play.
- Show respect and behave in a manner that respects the rights of all others regardless of the medium of communication used, e.g. verbal, physical, digital media such as Twitter, Facebook, email and texts.
- Adhere to the Department of Education's policy of a smoke, alcohol and drug free environment.

Breach of the Code by Parents and Spectators

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. The Department, through Queensland School Sport (QSS), is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.

Parents and spectators should note that it is an offence to insult (meaning "to treat insolently or with contemptuous rudeness, to abuse") an officer of a state educational institution – Section 333 Wilful Disturbance, of the Education (General Provisions) Act 2006 (EGPA). Parents and spectators will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.

CODES OF CONDUCT - STUDENT OFFICIALS

As a Student Official:

- Take responsibility for your own behaviour and performance.
- Operate within the rules and spirit of your sport, promoting fair play.
- Display control and courtesy to all involved with the sport.
- Show respect and behave in a manner that respects the rights of all others (players, team officials, spectators, etc.) regardless of the medium of communication used, e.g. verbal, physical, digital media such as Twitter, Facebook, email and texts.
- Act with integrity and objectivity, and accept responsibility for your decisions and actions.
- Ensure your decisions and actions contribute to a safe environment.
- Do not tolerate harmful or abusive behaviours.
- Place the safety and welfare of the athletes above all else.
- Be consistent and impartial when making decisions.
- Address unsporting behaviour and promote respect for all people.
- Follow all directions of the Student Officials Manager / Event Convenor.
- Wear the officials uniform at all times as directed by the Student Officials Manager / Event Convenor
- Report in and out with the Student Officials Manager each day.
- Stay in the designated official's area when not officiating (remember you are an impartial adjudicator in an official capacity).
- Ensure that you have telephone number of the Student Officials' Manager on you at all times.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- As a guest in accommodation / when in team accommodation:
- Check for any damage to premises on arrival and notify your team official.
- Be respectful of facilities and other guests at all times.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted, nor is entering the room of anyone from the opposite gender.

Breach of the Code by Student Officials

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not officiating remaining fixtures, notification of parents, and being sent home at your parents' expense. The Department, through Queensland School Sport (QSS), is responsible for imposing any longer term consequences. Furthermore, QSS may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA). Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.

CODES OF CONDUCT - TEAM OFFICIALS

As a Team Official:

- Abide by the Department's Code of Conduct at all times.
- Adhere to appropriate mandatory reporting requirements.
- Ensure that your behaviour at all times, whether at or away from the playing venue, does not bring the name of 'school sport' into disrepute.
- Show respect and behave in a manner that respects the rights of all others regardless of the medium of communication used, e.g. verbal, physical, digital media such as Twitter, Facebook, email and texts.
- Provide a safe and supportive sporting and learning environment.
- Initiate and maintain constructive communication and relationships with students and parents/carers.
- Promote the skills of responsible self-management.
- Communicate high expectations for individual achievement and behaviour.
- Ensure consistency and fairness in implementing the school sport behaviour codes.
- Avoid over-playing the talented players. All players need and deserve equitable time.
- Develop team respect for the ability of opponents as well as for the judgment of officials and opposing coaches.
- Compliment participants on their efforts.
- Condemn unsporting behaviours.
- Ensure that your behaviour is consistent with the principles of good sporting behaviour.
- Refrain from criticism of, or reaction to, the umpires/referee's judgment and decision.
- Maintain a standard of dress appropriate to the presentation of the team.
- Refrain from over-zealous coaching from the side-line.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden while in the direct supervision of students


Breach of the Code by Team Officials

Queensland School Sport (QSS) and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. The Department, through Queensland School Sport (QSS), is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely. This may include QSS providing a report to your school principal or immediate supervisor, and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA). Staff will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.

OFFICIALS EXPENDITURE

TERMS AND CONDITIONS FOR STAFF REIMBURSEMENTS:

1. Prior approval from the relevant authorising officer must be given before purchases are made.
2. Staff reimbursement is to be used for small purchases up to maximum of \$100 (incl. GST).
3. Personal Credit Cards are not be used for school purchases – no reimbursement will be given if a personal credit card has been used.
4. Original receipts/Tax Invoices must accompany each claim for reimbursement.
5. Only school/ centre purchases are to appear on the receipt/invoice for reimbursement.
6. ALL relevant documentation must be attached.
7. Fuel discount dockets must not be removed.
8. Goods Received area must be signed and dated by someone other than the claimant.

	Staff Reimbursement Voucher	
	Claimant's Name:	
	School/Centre:	

	Particulars of Claim	GST Amount	Total Incl. GST	Cost Centre

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Certification: I hereby certify that the information provided is true and correct. Program Manager approval (financial delegate)

Goods received Goods received by: Signature: Date: / /

Claimant I certify that the above total is due and payable to me. Claimant's signature: Date: / /	Claimant's EFT Details BSB Number: Account Number: Account Name: Email address: (for remittance advice)
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PLEASE FORWARD ALL DOCUMENTATION NB. RECEIPTS MUST BE ATTACHED :

Payment will be made for the above expenses upon the School Sport South Coast Office's receipt of the correctly completed form.

Regional School Sports Office PO BOX 2818 Southport QLD 4215

Fax : (07) 5591 2906 OR

email to admin@southcoastschoolsport.eq.edu.au

OFFICIALS ACKNOWLEDGEMENT & APPROVAL

For Transfer of Duties / Team Training Schedule / Mobile Phone / Camera

OFFICIALS NAME:					SCHOOL:	
SPORT / TEAM :					AGE LEVEL	
POSITION:	Coach	Manager	Trainer	Convenor		
DATES INVOLVED :					VENUE	

ACKNOWLEDGEMENT Indicate [Tick] when the following actions have been completed:

	Completed School Sport South Coast current online inservice.
	Received all appropriate SSSC documentation
	Read and understand contents, procedures and practices contained within the Regional Officials handbook
	Have read the specific guidelines for your sport as outlined at http://education.qld.gov.au/curriculum/carmg/sport .
	Have completed appropriate Curriculum Activity Risk Assessment (Sport Specific CARA) and (Representative Sports Activity - Team Manager or Convenors) documents
	Have obtained Principal approval for team training schedule and use of personal mobile phone and camera .

TRAINING SCHEDULE Schedule of my proposed South Coast Team training sessions NB May be altered as circumstances demand

(Attach separate Training Schedule if required)

Date	Venue	Time

TRANSFER OF DUTIES DETAILS

Championship	Venue	Departure Date:	Method of Travel
		Return Date:	Private Air

APPROVAL

Official

Signature	Date
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Principal

I hereby approve of the appointment of _____ to his/her official position (details of which are listed above), and recommend that permission be granted to accompany the team to the event. I agree that the additional duties of this official position will form part of this employee's work duties for the duration of the appointment. I also approve the use of a personal mobile phone by this teacher for communicating with team members and parents along with the use of a personal camera for photographing students for the duration of the team's commitments. I also can confirm that the above official has completed the annual mandatory Student Protection and Code of Conduct training.

Signature	Date
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THIS FORM MUST BE COMPLETED AND RETURNED TO ::

Regional School Sports Office bronwyn.knight@det.qld.gov.au or Fax : 5591 2906

DUE

ASAP but no later than **1 Week after the Regional trial (Convenor 1 Week Prior)**. Failure to do so may result in the officials' non-attendance at the state championships.

ELECTRONIC FUNDS TRANSFER (EFT) FORM

South Coast School Sport ELECTRONIC FUNDS TRANSFER (EFT) DETAILS FORM PO Box 2818, Southport Q4213 Telephone: (07) 3636 6761 Fax: (07) 3391 2906	
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Officials Details

Officials Name	
Sport	
School (if applicable)	
Postal Address	
Fax	
Phone	
Email Address	

Bank Account Details

Account Name		
BSB		Account Number
Bank Name		Branch

Preferred Advice

Method <small>(please select how you would prefer to receive an EFT Remittance Advice)</small>	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Post
Advise all payments <small>(please select whether you would like an EFT Remittance Advice for all payments – NB Notification of all payments will appear on Bank Statements)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature

Official	Date

OFFICE USE ONLY

Input by		Date	
Checked by		Date	
Signature			
Authorized Officer		Date	

REQUEST FOR REFUND FORM

South Coast School Sport REQUEST FOR REFUND PO Box 2818, Southport Q4215 Telephone: (07) 5656 6761 Fax: (07) 5591 2906	
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Request

I request a refund of \$		being the parent/carer of	
paid for			(activity)
I request a refund due to :			(reason)

The original transaction was processed through (please tick)

<input type="checkbox"/>	Quick Cliq	
<input type="checkbox"/>	Team Managers School	(include school name)
<input type="checkbox"/>	School Sport South Coast	

I understand and agree that:

1. A refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by School Sport South Coast, and their refund guidelines.
2. The School Sport South Coast receipt for the original payment is attached / not attached. (Please circle)
3. My details will be kept confidential and will not be used for any other purpose.
4. My refund be made:

☐ to my bank account via electronic funds transfer (EFT) (please complete details below); OR
☐ to my credit card if used for the original payment (please complete details below).

Signature

Parent / Carer	Date

Bank Account Details

Account Name	
BSB	Account Number
Bank	Branch

Credit Card Details

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Number	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	
Expiry Date	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div></div></div> <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div></div></div>	










OFFICE USE ONLY

Original Receipt Number		Amount Received \$	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Amount Approved \$	

Signature

Regional School Sport Officer (or Nominee)	Date

REGIONAL TRIALS ONLINE LEVY PAYMENT

School Sport South Coast (SSSC) INSTRUCTIONS for REGIONAL TRIAL ONLINE PAYMENTS		
If you <u>have not previously signed up</u> and activated a Quick Cliq account – Start at Step 1. If you <u>have signed up</u> and activated a Quick Cliq account but need to add a student name Start at Step 7. If you <u>have signed up</u> and activated a Quick Cliq account and already added student name Start at Step 8.		
As at 13/2/18		
1. SCHOOL SPORT SOUTH COAST WEBSITE	Go To www.southcoastschoolsport.co.edu.au Click Regional Sports tab Click Regional Trial Levy Payment	
2. QUICK CLIQ WEBSITE	You will be directed to Quick Cliq website	
3. SIGN UP (If you have not already previously registered) GO TO 6. LOGIN - if already registered	Click SIGNUP button (top left hand corner) Complete email details	
	Complete details (as required)	
4. VALIDATE EMAIL ADDRESS	Follow Instructions to validate email address Click link	
5. ACTIVATION (from activation email)	Activate your user account (following receipt of an email message from Quick Cliq)	Thank you. You have successfully activated your account. Please click Home and logon
6. LOGIN	Enter email address & password	
7. ADD STUDENT GO TO 8. LEVY - if already registered (i.e. added a student name)	Click ADD STUDENT button (bottom right)	
	School: Leave Blank DO NOT select a school Sports School: Select School Sport South Coast Region: Select South Coast First Name: Complete Student first name Last Name: Complete Student surname	
	Click NEXT button (bottom centre) Click CLOSE (it will bring you back to Home Page displaying added students name(s))	

CHANGE OF DETAILS

School Sport South Coast CHANGE OF DETAILS FORM

(In relation to changes in details on Standard Permission & Details Booklet)

It is a requirement of the School Sport South Coast representative sport program, that all students attending a Regional Trial must complete the School Sport South Coast (SSSC) Standard Permission & Details Booklet

STUDENTS NAME:		SCHOOL:	
SPORT / TEAM :		AGE LEVEL	

Please complete the relevant section(s) of this form , if there have **been any changes to the details** you supplied when you originally completed the (SSSC) Standard Permission & Details Booklet. This may relate to the following :

Section	Please complete relevant section (s) if changes have been made
1. Authority & Consent	
Consent	
Limitations to consent	
Parent / Guardian Name	
2. Availability / Non-Availability for Selection	Please check if: Authorisation has been withdrawn
3. Parental Consent Form	Please check if: Authorisation has been withdrawn
4. Student Details	
School	
Home Address	
Parents Email Address	
Parent Contact Phone Details (mobile)	
Parent Contact Phone Details (work)	
Parent Contact Phone Details (home)	
Student Contact Details	
Emergency Contact Person	
Emergency Contact Details	
5. Medical Details	
Immunization Details	
Allergies	
Medications	
Additional injuries / medical conditions	
Asthma protocol	
Private Health Insurance details	
Any other relevant medical history	
6. Medical Authorisation	Please check if: Authorisation has been withdrawn
7. QSS Project Consent Form	Please check if: Authorisation has been withdrawn

APPROVAL	
Parent / Guardian	
Signature	Date

THIS FORM MUST BE COMPLETED AND RETURNED TO ::

School Sport South Coast Office : admin@southcoastsschoolsport.co.edu.au or sports specific Team Manager (details supplied on team letter)
DUE: ASAP once changes are known

GENERIC APPLICATION FOR EXEMPTION

Queensland School Sport

ABSENTEE APPLICATION FOR EXEMPTION FROM QSS (REGIONAL TRIAL / STATE) COMPETITION

Applications close on the day prior to the commencement of the competition: ____ / ____ / ____

Queensland School Sport (QSS) / Regional School Sport reserve the right to refuse late applications.

If you are unable to participate in the competition and want to be considered for selection, you must provide QSS / Region with documentation, for example a medical certificate if you are sick or injured or documentation validation your reason that prevents you from participating.

Forward your completed application to your Regional School Sport Officer (Regional Trial) by the day before the competition.

Contact details can be obtained on the QSS website: www.queenslandsschoolsport.qld.gov.au

Title of Competition (Regional Trial / State): _____

QSS Record Management

Date received: ____ / ____ / ____

Approved: YES / NO

Student

Notified: ____ / ____ / ____

Filed: ____ / ____ / ____

Dates of Competition: from ____ / ____ / ____ to ____ / ____ / ____

Competition Venue: _____

Surname: _____

Given name(s): _____ M / F

Parent Contact number: _____

Parent Email contact: _____

School attended: _____

School contact: _____

School postal address: _____

School Phone: () _____

GROUND(S) FOR ABSENCE:

1. Medical condition on the days of competition
2. Absence due to competing at a higher level event in the same sport and same discipline
Name of event: _____
3. Absence due to competing with another QSS (State Team) or SSA (National Team) in a different sport
Name of Team: _____

DOCUMENTATION ATTACHED:

(Note: Documentation must cover the days of the competition)

1. Medical certificate to include the date when full participation can resume
2. In case of bereavement / compassionate reasons, a letter from the school Principal to support absence

4. Bereavement or Compassionate reasons _____

STUDENT'S DECLARATION: I am aware that -

1. This QSS / Regional competition is held once only, from ____ / ____ / ____ to ____ / ____ / ____
2. I should not assume that my application will automatically be granted as each application is decided individually.
3. By signing this I give permission for QSS / Regional Staff to contact me, my parents / guardians, staff at my school or state sporting body to clarify information about my application.
4. My school Principal endorses my application.

Principal's Signature: _____

Date: ____ / ____ / ____

5. I have been selected in the _____ District / Regional Team to compete at this district / regional competition.

Regional School Sport Officer's signature: _____

Date: ____ / ____ / ____

Student's signature: _____

Date: ____ / ____ / ____

Parent / Guardian's signature: _____

Date: ____ / ____ / ____

MEDICAL CERTIFICATE (PREFERRED FORMAT)

The following to be completed by a registered medical practitioner (please print)

Please stamp OR print your name, degrees / special qualifications, address of practice and provider number.

I certify that I saw and examined - First Name: _____ Surname: _____ DOB: ____ / ____ / ____

and am of the opinion that this person is / was suffering from a recognised medical condition that is preventing this person from participating in the

QSS / Regional Competition held on ____ / ____ / ____ and he / she can resume participation from ____ / ____ / ____ Signature: _____

PLAYING TIME (SAMPLE LETTER)

Dear South Coast Parents,

Thank you for your support of our team and your child so far: travelling to training, paying levies and uniform costs, filling in all those forms, providing advice and encouragement, and so on. Your efforts are appreciated.

Keep in mind, as we go to the State Championships, what your child has achieved by making the team. It is an honour, and he / she has worked hard to be here.

Remember that our team is made up of players of a range of ages, abilities and experience. Obviously, it is not feasible for every player to have exactly the same playing time, nor would it be reasonable to do this. We ask that you trust that your child will get **fair and reasonable playing time**, and accept that there are players who may get more or less playing time than others.

Everyone in our team is part of our team: no single player wins or loses any game or event. Each player contributes to the team, whether she is on the field / court / bench / pool / track or on the sidelines. If we win a medal, everyone in the team gets one.

What you can do now:

- Provide a calm positive atmosphere: support the player, focus on what your child/the team has done well.
- Avoid comments that might cause your child to become unsettled or to enjoy the championship less (eg. asking them why they did something wrong, criticising the coach's/umpire's decisions, making them feel that they are not playing well or not getting a fair go).
- Encourage them to eat sensibly – select salad rolls rather than hot chips, fruit juice or sports drinks rather than fizzy drinks. Bananas and oranges are the best foods to replace lost body salts like potassium.
- Ensure that they have enough water for the games. Keep up fluids between games.
- Encourage them to let the coaching staff know about any injuries which might affect their play, as this allows the coach to make good decisions for the benefit of the team.
- Avoid interrupting or distracting players during warm-up or the games – if you have a message to get to them, communicate through the manager.
- Allow the team to stay together as much as possible between games / events, as this helps build team spirit and morale.
- Above all, enjoy the carnival.

Regards

RegionalTeam Officials

ACCIDENT REPORT SHEET

Injured Students Details:

Name:

Region:

Students Address:

Phone Number :

Championship Details:

CHAMPIONSHIP:

Qld School Sport 11-12 Years Rugby Union State Championships

Date:

3-6 August 2017

Where:

Surfers Paradise Rugby Union Club, Broadbeach Waters (South Coast Region)

Accident Details:

Nature and cause of injuries:

Action taken

Name of Manager / Coach on duty:

Time of Accident:

am / pm

Date

Manager / Coach on duty

Manager / Coach on duty

Regional Manager / Coach:

Name

Signature

Date

To be returned to the State Championship Convenor when completed.

INCIDENT REPORT SHEET

CHAMPIONSHIP:	Qld School Sport 11-12 Years Rugby Union State Championships
Date:	3-6 August 2017
Where:	Surfers Paradise Rugby Union Club, Broadbeach Waters (South Coast Region)
Students Name:	

What happened? (A brief description of the incident.)

What steps were taken to establish the facts? (Ensure a fair hearing for all parties.)

Summary of the facts

Action taken

Recommendation for further action

Signed (Manager)	Date
Signed (Coach)	Date

MyHR WHS INCIDENT DATA FORM

Department of Education, Training and Employment

MyHR WHS - Health and Safety Incident Data Collection Form

Privacy Statement: The Department of Education, Training and Employment (Qld) is collecting personal health and safety incident information on this form in accordance with the Work Health and Safety Act 2011, the Work Health and Safety Regulation 2011, Electrical Safety Act 2002 (Qld), and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (Qld), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor.

Note:

- This form is for data collection purposes only.
- The information collected is to be recorded within MyHR WHS as soon as reasonably practicable e.g. within 3 days of becoming aware of the incident.
- The form can also be scanned and attached to the MyHR WHS Incident record within investigation screens.
- This paper form is to be retained for 12 months at the workplace.
- Use of this form is to be in accordance with departmental procedure: [Health and Safety Incident Recording, Notification and Management](#)

Instructions: Legislation requires the reporting of a 'notifiable' workplace incident to Workplace Health and Safety Queensland (WHSQ) immediately after becoming aware that it has occurred. If you fail to report a notifiable incident, you may face penalties. It is not specified in legislation to report 'non-notifiable' incidents; however, WHSQ recommends that you record and investigate them so that you can prevent something similar from happening again. It also demonstrates that you are identifying hazards to manage risk.

NOTIFIABLE INCIDENTS -

- death;
- serious injury or illness (e.g. amputation, head injury, spinal injury, hospital admission); or
- a dangerous incident (e.g. electric shock, explosion, fire, release of hazardous substance).

HOW TO REPORT?

1. Immediately contact Workplace Health and Safety (WHSQ) by phone: **1300 362 128** to notify them of the incident.
2. WHSQ should provide a reference number for your call. Note that you contacted WHSQ and record the reference number in the "immediate actions taken" section of this form.
3. Complete all relevant information within this form and ensure the data is entered into MyHR WHS as soon as possible.

Not sure? – Check the full definitions within the procedure or phone 1300 362 128

WHEN TO USE THIS FORM:

This is not an official form but can be used to gather information for later entry into the MyHR WHS system. It can be used for:

- Operational convenience
- When an incident occurs away from the workplace (e.g. camps, fetes, sport etc.) or during out-of-hours work.
- For staff with limited access to MyHR WHS (e.g. cleaners, grounds maintenance staff).
- For visitors if necessary.
- System outage.

HOW TO USE THIS FORM?

1. This cover page is for information and advice.
2. Pages 1 - 3 must be completed as they record the details of the incident and the injured person.
3. If relevant, complete a subform (from page 4) for each 'incident type': electrical, security threat, motor vehicle, fire, environmental or near miss. Each incident type has its own 'subform'.
 - e.g. for an injury sustained while driving a motor vehicle - complete pages 1-3 (which includes the 'injury/illness' details) and the 'motor vehicle' subform.
 - If more than one person sustained an 'injury/illness' as a result of the same incident, fill in a separate injury/illness form (pages 2-3) for each person. You do not need to complete separate forms for the incident (pages 1).
4. Record all available information.
5. Check that all mandatory fields (i.e. those marked with *) are completed.
6. Give the completed form to your location administration to complete data entry into MyHR WHS – (if you are not doing this yourself).

NEED HELP? - CONTACT THE MyHR HELPDESK on 3404 8258.

INCIDENT DETAILS

*Incident date: _____ Incident Time: (24 hour HH:MM) _____

If the incident occurred at your school or base location you need ONLY complete the School Base location field.

If the incident did not occur at your school/base location then you need to complete the School/Base Location field AND the Other Incident Location field.

*School/Base Location: _____

Other Incident Location (address details): _____

*Summary of incident (approx. 20 words): _____

Detailed Description of Incident: _____

* Immediate Action Taken: (Including any Lockdown or Evacuation, Parents Contacted, First Aid Administered, Ambulance Called, Doctor/Out Patients or Hospitalisation, Workplace Health and Safety Queensland Notified & reference number, what was done to prevent this or something similar from happening again)

INCIDENT TYPES

INSTRUCTIONS: Select one or more Incident types.

Incident types		
<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Near miss
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	
<input type="checkbox"/> Security threat	<input type="checkbox"/> Environmental	

If 'Electrical' or 'Environmental' or 'Fire' or 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or is selected as incident type, the question 'Was this a Dangerous Incident as defined under Legislation?' Must be answered.

Was this a dangerous incident as defined under Legislation? ☐ YES ☐ NO (Not sure? – refer to the 'Definitions of Dangerous Incidents and Electrical Incidents' fact sheet.

REPORTING DETAILS

*Reported Date:/...../.....

*Reported by: – (NOTE: at least one 'reported by' field must be populated)

☐ Staff member (Name) _____ (Base Location) _____

☐ Student: (Name) _____ (Base Location) _____

☐ Other person: (Name) _____ (Base Location) _____

Other person's contact details if known: _____

Name of Reviewer: _____

Name of person completing this form: _____



INJURY / ILLNESS DETAILS

***Injured person's details:**
☐ Staff member (Name) _____ (Base Location) _____

☐ Student: (Name) _____ (Base Location) _____

☐ Other person: (Name) _____ (Base Location) _____

 Type of other person: ☐ Client ☐ Contractor ☐ Parent ☐ Visitor ☐ Volunteer ☐ Other: _____

Other person's contact details if known: _____

Injury details:*** Injury/Illness classification – select one of the following**
☐ Serious Injury - Fatality
☐ Serious Injury – Non Fatality

☐ Work Caused Illness
☐ Psychological Illness

☐ Bodily Injury
☐ Minor Injury or Incident

Use the reference lists below to complete the body location details and the Nature of Injury/Illness details

*Bodily Location (reference list)			*Nature of Injury / Illness (reference list)		
<ul style="list-style-type: none"> • Face • Head • Eyes • Ears • Nose • Tooth/teeth • Neck • Arms • Elbows • Shoulders 	<ul style="list-style-type: none"> • Hands • Wrists • Back • Mouth • Chest • Fingers • Abdomen/Stomach • Hips • Legs • Groin Area 	<ul style="list-style-type: none"> • Knees • Foot/Feet • Toes • Ankles • Skin • Respiratory System • Internal Organs • Spine • Psychological Condition • Other e.g. fainting 	<ul style="list-style-type: none"> • Ache/Pain • Cut/Laceration • Amputation • Bite/Sting • Bruising/Crushing • Dislocation • Sprain/Strain • Burn/Scald • Fracture 	<ul style="list-style-type: none"> • Infection/Disease • Hearing Loss/Deafness • Psychological Stress • Allergy • Skin Irritation/Dermatitis • Heat/Cold Stress • Poisoning • Respiratory • Puncture / Needle stick 	<ul style="list-style-type: none"> • Weld Flash • Eye Disorder • Foreign Body • Head Injury • Internal Injury • Heart or Circulatory Condition • Other e.g. fainting

Injury 1.

Body Location: _____ Nature of Injury/Illness: _____

If more than one injury or body location, complete below:

Injury 2.

Body Location: _____ Nature of Injury/Illness: _____

Injury 3.

Body Location: _____ Nature of Injury/Illness: _____

*** Cause of injury/illness – select one of the following**
☐ Slip, Trip or Fall
☐ Contact with, or striking against object
☐ Vibration
☐ Struck by falling or moving object
☐ Noise
☐ Explosion or implosion (pressure variation)

☐ Repetitive movement
☐ Muscular effort - single event
☐ Electricity
☐ Thermal (heat/cold)
☐ Radiation
☐ Chemical or substance

☐ Animal or insect
☐ Biological
☐ Psychological
☐ Vehicle
☐ Other: _____
*** Contributing factor/agency – select one of the following**
☐ Machinery and fixed plant
☐ Mobile plant/machinery
☐ Vehicle (Government)
☐ Vehicle (Private)
☐ Powered equipment, tools and appliances
☐ Non-powered tools
☐ Non-powered equipment (eg: playground)

☐ Chemicals
☐ Foreign Objects (eg: projectiles, splinters)
☐ Outdoor environment
☐ Indoor environment
☐ Animals
☐ Human agencies
☐ Biological agent

☐ Needle stick
☐ Fire/explosion
☐ Electricity
☐ Radiation/Arc Flash
☐ Stress/Trauma
☐ Temperature
☐ Other: _____
*** Activity – select one of the following**
☐ Admin general
☐ Chemical use
☐ Computer work
☐ Curriculum prac
☐ Curriculum theory
☐ Playground duty
☐ Equipment usage

☐ First aid
☐ Lifting/Manual handling
☐ Movement around the worksite
☐ Grounds Care
☐ Play (supervised/unsupervised)
☐ Restraining a student

☐ Sport
☐ Travel to/from workplace
☐ Excursions/Field trip
☐ Work General
☐ Other: _____

MEDIA & INCIDENT PROTOCOLS

SOUTH EAST REGION MEDIA AND INCIDENT PROTOCOLS

URGENT INCIDENT / ISSUE



POTENTIAL INCIDENT / ISSUE



GOOD NEWS STORY



SER Media and Incident Protocols

July 2016

G:\6675_Gold Coast DO\Governance\Administration\IRM

KEY CONTACTS

Media & Issues Management (MIM)
3328 6639 (24/7)
media@det.qld.gov.au

Regional Office

Administration Support Officer (ASO)
Emily Harmel – 5656 6688
Emily.Harmel@det.qld.gov.au

Director Regional Services (DRS)
Elaine Cassar
5656 6688 / 0404 019 080

Principal Advisor Education Services (PAES)
Jo Calvert
5656 6688 / 0438 791 892

Julie Willis
5656 6688 / 0429 212 017

Vicki Booth
5656 6688 / 0475 961 691

Tim Dighton
5656 6688 / 0467 745 540

STUDENT PROTECTION GUIDELINES



SCHOOL SPORT SOUTH COAST: STUDENT PROTECTION GUIDELINES

The immediate safety of a student is the foremost consideration. In the case of an emergency or where there is a concern that a child could be at immediate risk of harm, consider what actions may be necessary to protect the child. This could include calling Child Safety or police, or calling 000. Mandatory reporting obligations also apply as follows:

- A Regional team official / Convenor becomes aware or reasonably suspects the sexual abuse or likely sexual abuse of a child under 18yrs old **OR**
- Forms reasonable suspicion that a child is suffering or is at risk of suffering significant harm* **and** may not have a parent able and willing to protect them
- Regional team official consults with their RSSO or the host RSSO

Form a suspicion

- If you suspect sexual abuse or likely sexual abuse, you must **immediately** report this to police in writing. If for any reason there could be a delay in providing a written report to police, call Policelink on 131 444 and let them know a report will be progressed in writing ASAP. If this is done, make sure you make notes of this.
- For cases of significant harm, Regional team official or RSSO to consult the online *Queensland Child Protection Guide* at <https://www.communities.qld.gov.au/> to determine if a report to Child Safety is required
- RSSO to consult with the Director of Regional Services (DRS) or Principal Advisor

Consult

- Report suspicions of sexual abuse or likely sexual abuse **immediately** to the QPS (see above) as per *Education (General Provisions) Act 2006*
- For cases of significant harm, if the threshold for reporting to Child Safety has been met, Regional team official or RSSO commences a Child Protection Report using the Department of Communities, Child Safety and Disability Services website <https://secure.communities.qld.gov.au/cbir/home/ChildSafety>
- If child is experiencing harm, contact Regional Intake Services 1300 682 254 (Brisbane)
- RSSO to contact the student's principal

Commence a Student Protection Report

- Regional team official to continue to monitor and support the student while at the State Championship
- Regional team official to provide all notes to the RSSO for secure storage
- Regional team official / RSSO to collaborate with Child Safety, QPS and other agencies as per the *Student Protection Procedure*

After submitting a report

* Harm can be caused by physical, psychological or emotional abuse or neglect, sexual abuse or exploitation. You must take action – refer to the *Student Protection Procedure* (DET employees) for more information

KEY CONTACTS

South Coast RSSO:
Julie Henderson 0407 960 571
Julie.HENDERSON@det.qld.gov.au

DRS (SER):

Elaine Edwards 0404 019 080
Principal Advisor

Education Services (Metro):

Kathy Sheppard 0429 067 874
Principal Advisor

Student Protection (Metro):

Marguerite Piccolo 0437 672 145
DRS (SER):

Elaine Cassar 0404 019 080
Principal Advisor

Student Protection (SER):
Kerri Chard 0437 786 183

CONCUSSION RECOGNITION & MANAGEMENT POLICY

DEPARTMENT OF EDUCATION AND TRAINING

Queensland School Sport

Concussion Recognition and Management Policy

For players, coaches, managers, administrators and parents

Should an injury occur that results in a suspected concussion, it must be referred to a medical practitioner. If concussion is diagnosed then the state/national sporting organisations' concussion policy must be followed. If there is no sport specific concussion policy then the below policy must be adhered to.

These guidelines will be followed at all times and any decision regarding returning to play after concussive injuries should only be made by a doctor with experience in dealing with such injuries.

The most important element in the management of concussion **must always** be the welfare of the person involved, in both the short and long term.

Concussion is a disturbance in brain function resulting from trauma that is transmitted to the brain either directly or indirectly. There are no structural changes and the changes that do occur are temporary and recover spontaneously.

Complications can occur if the player is allowed to continue playing before they have recovered from the concussion. Therefore a player who is suspected of having a concussion must be taken out of the game or training session immediately. Such a player **will not** be returned to play in the same game.

The management of a head injury may be difficult for non-medical personnel. It is often not clear whether you are dealing with concussion or there is a more severe structural head injury, especially in the early phases of the injury.

Therefore it is imperative that all players with concussion or suspected of having a concussion need **urgent** medical assessment.

Game-day management

1. Recognising the injury – see signs and symptoms below
2. Removing the player from the game – management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation
3. Referring the player to a medical doctor for assessment – local doctor, hospital or dial 000

Follow-up management

1. Rest and recover – players diagnosed with concussion must rest and recover from all symptoms of concussion
2. Return to play – a player's return should be gradual through consultation and written clearance from a medical practitioner.
3. All documentation relating to concussion injuries is to be retained and forwarded to RSSO and the students' school as per incident report forms.

Some of the possible symptoms of concussion include:

Headache	Dizziness	Fatigue	Altered or lost vision
Memory disturbance	ringing in the ears	Nausea or vomiting	Abdominal pain

Some of the signs you may observe include:

Loss of balance	Slow or altered verbal skills	Poor concentration	Inappropriate behaviour
Pale complexion	Memory loss	Irritability	Not feeling your usual self

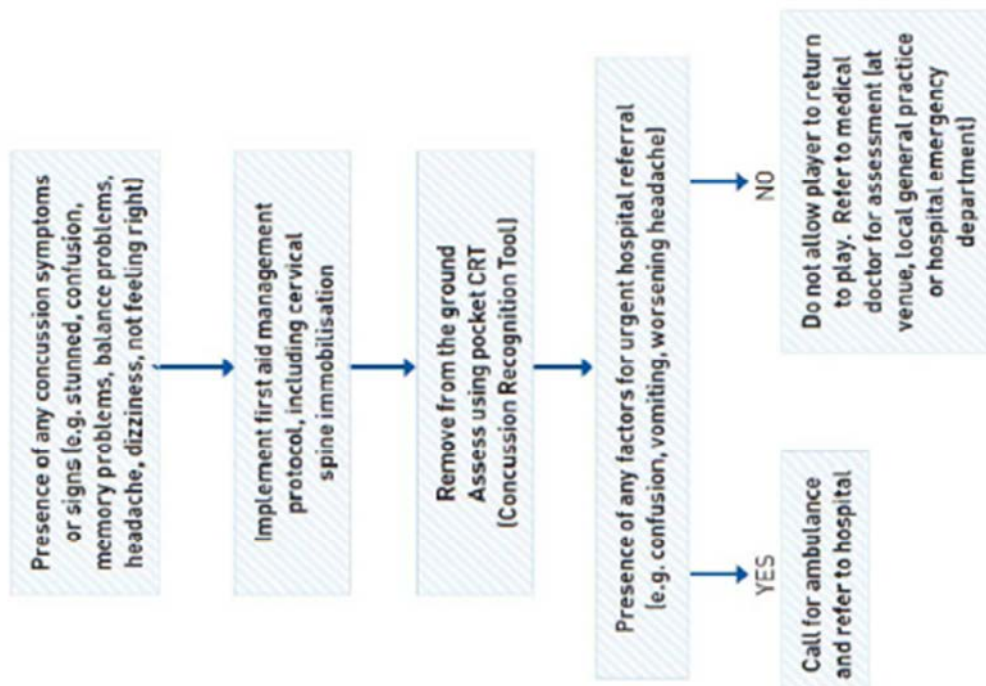
If you observe any of these symptoms or signs **please see a doctor as soon possible**.

If you observe deterioration in these symptoms or signs **go immediately to the emergency department at your local hospital**.

Updated 28/10/2016

Reference: McCrory P, Meeuwisse WH, Aubry M, et al. Consensus statement on concussion in sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012. British Journal of Sports Medicine. 2013;47(5):250-258.

Management Guidelines for Suspected Concussion



Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults

RECOGNISE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present:

1. Visible clues of suspected concussion
Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / slow to get up
- Unsteady on feet / Balance problems or falling over / Incontinence
- Grumbling / Clutching of head
- Dazed, blank, or vacant look
- Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion
Presence of any one or more of the following signs and symptoms may suggest a concussion:

<ul style="list-style-type: none"> • Loss of consciousness • Balance problems • Drowsiness • Irritability • Fatigue or low energy • "Don't feel right" 	<ul style="list-style-type: none"> • Headache • Confusion • "Pressure in head" • Sensitivity to light • Sensitivity to noise 	<ul style="list-style-type: none"> • Seizure or convulsion • Nausea or vomiting • Motoric actions • Seizures • Nervous or anxious • Neck pain • Difficulty remembering • Difficulty concentrating
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?" "Which half is it now?"
 "Who scored last in that game?" "What team did you play last week / game?"
 "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, when if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- ▶ Athlete complains of neck pain
- ▶ Severe or increasing headache
- ▶ Seizure or convulsion
- ▶ Deteriorating conscious state
- ▶ Repeated vomiting
- ▶ Double vision
- ▶ Increasing confusion or irritability
- ▶ Unusual behaviour or change
- ▶ Weakness or tingling / Numbness in arms or legs

Remember:

- In all cases, the basic principles of first aid (stop play, reassure, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for safety support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

From McHenry et al., Concussion Statement on Concussion in Sport. Br J Sports Med 47 (10), 2013

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COMPETITION DIVISIONS & TEAM SIZES

QSSMG Age Policy - students must be a minimum of 10 years of age and not have attained the age of 20 years on 31st December of the year of the competition

**** Please note the exemption to outlined age groups listed below may be sought if it can be demonstrated that consideration has been given to the five (5) criteria as outlined in Legal & Administrative Law Branch (LALB) advice which was received:**

1. Duty of Care is complete. (Duty of care is paramount)
2. Risk has increased (Is the risk of injury to this/these students significantly increased?) If so, is it acceptable?
3. Physical capabilities (Consider - are the students in question of adequate physicality to compete in the higher age group?)
4. Parent consent (Have the parents given informed consent to their child playing in an older age division?)
5. SSC consent (Is there a legitimate pathway for this student to gain representative selection in their own age group? Are they displacing other students of the correct age group from within their region?)

Sport	Comm ittee	State Champ program name (age division)	State Champ Competition age division	Max Regional team size	Restrictions to team size	National/Inters tate /International Champs - Age division	Max State team size
Aust Football	10 - 12 yrs	10-12yrs	Boys 10-12yrs	23		Boys - 12yrs & under	23
	10 - 12 yrs		Girls 10-12yrs	15			
Aust Football	13 - 19 yrs	13-15yrs	Boys 13-15yrs	23		Boys - 15yrs & under	25
			Girls 13-16yrs	21		Girls - 15yrs & under	25
Baseball	13 - 19 yrs	12-14yrs	Boys - 12-14yrs	18	Minimum of 14	Boys - 12 to 14yrs of age	16
		14-18yrs	Boys - 14-18yrs	18	Minimum of 14	18 yrs & under	17
Basketball	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	10		Boys - 12yrs & under	10
			Girls - 10-12yrs	10		Girls - 12yrs & under	10
	13 - 19 yrs	13-15yrs	Boys - 13-15yrs	10			
			Girls - 13-15yrs	10			
		16-18yrs	Boys - 16-18yrs	10		Boys - 18 yrs & under	10
			Girls - 16-18yrs	10		Girls - 18yrs & under	10
Cricket	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	12		Boys - 12yrs & under	13
			Girls - 10-12yrs	12		Girls - 12yrs & under	13
	13 - 19 yrs	13-14 yrs Boys (as at 31/08)	Boys - 13-14 yrs as at 31/08	13		Boys 16yrs at 31/08	13
		13-15yrs Girls	Girls - 13-15yrs	13			
		15-19yrs Boys	Boys - 15-19yrs	12		Boys - 19yrs & under	12
Cross Country (state champs 10-19yrs)	10 - 12 yrs	10-19yrs		6/age group	Add Comp (max 3/region) for committee approval Multi-class (qualifying stds)	Boys – 10-12 yrs	6 + 3 Multi-Class (Qualstds)/gender /age goup - max 18MC athletes 10-12yrs total
			Boys - 10-12yrs	6/age group		Girls – 10-12yrs	
	13 - 19 yrs			6 / age group	Add Comp (max 3/region) for committee approval Multi-class (qualifying stds) AC's for AWD (qualifying stds)	Boys – 13-19yrs	Max 60 + 3 Multi class (Qual stds)/gender /13;14-15;16-19) max 18MC athletes total
			Boys - 13-19yrs	6 / age group		Girls – 13-19yrs	

Football	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	14		Boys - 12yrs & under	14
			Girls - 10-12yrs	14		Girls - 12yrs & under	14
	13 - 19 yrs	13-16yr B 13-15yr G	Boys - 13-16yrs	16		Boys - 16yrs & under	16
			Girls - 13-15yrs	16			
		17-19yr B 16-19yr G	Boys - 17-19yrs	16			
			Girls - 16-19yrs	16		Girls - 18yrs & under	16
Golf **(19yrs not eligible for State Team Selection)	10-19 yrs	10-12yrs	Boys - 10-12yrs	4		Boys - 12yrs & under	8
			Girls - 10-12yrs	2		Girls - 12yrs & under	4
		13-19yrs	Boys - 13-19yrs	7		Boys - 18yrs & under	7
			Girls - 13-19yrs	5		Girls - 19yrs & under	5
Hockey	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	14		Boys - 12yrs & under	14
			Girls - 10-12yrs	14		Girls - 12yrs & under	14
	Boys 13 - 19 yrs	13-19yrs Boys	Boys - 13-19yrs	16	with 2 g/k with one being u16	Boys - 16yrs & under	16
				or 15	with 1 goal keeper	Boys - 19yrs & under	18
	Girls 13 - 19 yrs	13-19yrs Girls	Girls - 13-19yrs	16	Maximum of 14 field players	Girls - 16yrs & under	16
						Girls - 19yrs & under	18
Netball	10 - 12 yrs	10-12yrs	Girls - 10-12yrs	10		Girls - 12yrs & under	12
	13 - 19 yrs	13-15yrs,16-19yrs	Girls - 13-15yrs	10		Girls - 15yrs & under	12
			Girls - 16-19yrs	10		Girls - 19yrs & under	10
Rugby League	10 - 12 yrs	11-12yr Girls	Girls 11-12yrs	17			
		10-12yrs	Boys 11-12yrs	17		Boys - 12yrs & under	17
	13 - 18 yrs	14-15yrs	Boys - 14-15yrs	19		Boys - 15yrs & under	20
		16-18yrs	Boys - 16-18yrs	19		Boys - 18yrs & under	20
Rugby Union	10 - 19 yrs	11-12yrs	Boys - 11-12yrs	22			
		14-15yrs	Boys - 14-15yrs	22			
		17-18yrs	* (see below) Boys - 17-18yrs	23		Boys – 17 & 18 yrs	23
Softball	10 - 12 yrs	10-12yrs Boys	Boys - 10-12yrs	14		Boys - 12yrs & under	15
		10-12yrs Girls	Girls - 10-12yrs	14		Girls - 12yrs & under	15
	13 - 19 yrs	13-19yrs Boys	Boys - 13-19yrs	14		Boys - 17yrs as at 30/06	15
		13-19yrs Girls	Girls - 13-19yrs	14		Girls - 17yrs as at 30/06	15
Squash	10 - 19 yrs	10-19yrs	Boys - 10-19yrs	4 per division	U15 and U19 divisions	Boys - 19yrs & under	5 per division-U19 Boys, U19 Girls, U15 Boys, U15 Girls
			Girls - 10-19yrs	4 per division	U15 and U 19 divisions	Girls - 19yrs & under	

Surfing	13 - 19 yrs	13-18yrs	Boys - 13-18yrs	6 per division	Boys & Girls 13-15yrs; 16-18yrs + MR Shield (up to extra 6 sts) max 22 sts	Boys - 19yrs & under	3 per division + MR Shield (up to extra 9 sts) Max 21 sts
			Girls - 13-18yrs	6 per division		Girls - 19yrs & under	
Swimming	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	limited	Max 5 comp/event with qualifying standards as a guideline	Boys - 12yrs & under	Restricted by SSA Rules -max competitors/evet
			Girls - 10-12yrs	limited		Girls - 12yrs & under	
	13 - 19 yrs	13-19yrs	Boys - 13-19yrs	limited	Nomination restrictions as per comp procedures	Boys - 19yrs & under	Restricted by SSA Rules -max competitors/evet
			Girls - 13-19yrs	limited		Girls - 19yrs & under	
Tennis	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	4		Boys - 12yrs & under	7
			Girls - 10-12yrs	4		Girls - 12yrs & under	7
	13 - 19 yrs	13-19yrs	Boys - 13-19yrs	4		Boys - 18yrs & under	8
			Girls - 13-19yrs	4		Girls - 18yrs & under	8
Touch	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	12		Boys - 12yrs & under	12
			Girls - 10-12yrs	12		Girls - 12yrs & under	12
	13 - 19 yrs	13-15yrs	Boys - 13-15yrs	14		Boys - 15yrs & under	14
			Girls - 13-15yrs	14		Girls - 15yrs & under	14
		16-18yrs	Boys - 16-18yrs	14		Boys - 18yrs & under	15
			Girls - 16-18yrs	14		Girls - 18yrs & under	15
Track & Field	10 - 12 yrs	10-12yrs	Boys - 10-12yrs	Unlimited	Multi-class (qualifying standards)	Boys - 12yrs & under	4 /100m; 3 for all other ind events +3 Multi-class per event (Qual stds)
			Girls - 10-12yrs	Unlimited		Girls - 12yrs & under	
	13 - 19 yrs	13-19yrs	Boys - 13-19yrs	Unlimited	Multi-class (qualifying standards)		
			Girls - 13-19yrs	Unlimited			
Triathlon	11 - 19 yrs	13-19yrs	Boys - 13-19yrs	10	10 boys per division (13-14,15-16,17-19)	Boys - 19yrs & under	18 (6 per division)
			Girls - 13-19yrs	10	10 girls per division (13-14,15-16,17-19)	Girls - 19yrs & under	18 (6 per division)
		11 -12yrs	Boys - 11-12yrs	10			
			Girls - 11- 2yrs	10			
Volleyball	12 - 19 yrs	12-15yrs	Boys - 12-15yrs	12		Boys - 15yrs & under	12
			Girls - 12-15yrs	12		Girls - 15yrs & under	12
		16-19yrs	Boys - 16-19yrs	12		Boys - 19yrs & under	12
			Girls - 16-19yrs	12		Girls - 19yrs & under	12
Water Polo	13 - 19 yrs	13-17yrs	Boys - 13-17yrs	13	Plate teams from previous year may have 2 x 18yrs players	Boys - 17yrs & under	13
			Girls - 13-17yrs	13	Plate teams from previous year may have 2 x 18yrs players	Girls - 17yrs & under	13

Rugby Union Notes	* 16 year old players may compete if they have completed the ARU Schedule A: Exemption to the 2 year window application. 16 year old front row players must also complete a schedule B application and have this approved by the ARU before they can train or play in the front row in an 18year old competition.
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MANAGERS FORMS

- Standard State-wide Team list
- Team Members Details
- Principal Notification
- Principal Approval (Student Bona Fide)
- Project Consent & Third Party Summary Form
- Financial Details Sheet
- Apparel Online Ordering Instructions
- Uniform Number Sheet
- Manager's Report template

STANDARD TEAM LIST

Region	South Coast
Sport	
Male	
Female	
Age Group	

No.	Given Name & Surname	School	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

	Ms/ Mrs /Mr	Given Name Surname	School
Manager			
Coach			
Trainer			

NB.

Type names in upper and lower case as follows with a single space between the given name and surname **eg Alicia Smith**

Type state school names in full and **use SHS** for State High School and **SS** for State School **e.g. Merrimac SHS**

Type non-state schools in full and use the words College or School where appropriate e.g. The Southport School, Aquinas College

TEAM MEMBERS DETAILS

[illegible]

- (Information to be collected on day of Regional Trial) Form to be emailed within 1 week of Regional Trial to Lisa Congram at - admin@southcoastschoolsport.eq.edu.au

PRINCIPAL NOTIFICATION LETTER

Date

.....

The Principal

.....

.....

Dear Sir/Madam

I wish to advise that the following student(s) has / have been selected in the School Sport South Coast team.

.....
.....
.....
.....

DETAILS in relation to this selection are as follows:

Championships :	Queensland School Sport
Venue :	
Dates :	

Would you please complete the attached Principal's Approval Form (Students Bona-fide) and return no later than two (2) weeks prior to championship event.

Manager :			
School :			
Address :			
Email :			
Phone :		Fax :	

Your co-operation in this regard would be appreciated, as students will not be permitted to compete in the competition without a signed bona-fide form. Would you also please notify me if subsequent to the return of this form any suspensions / exclusions affect this student's eligibility. A copy of the *Team Code of Conduct (Students) & (Parents & Spectators)* is attached.

Students in this team were given a copy of an information letter. A copy is enclosed for your information. Selection in representative teams involves considerable expense for students and parents. Support in any form, which your school, or the School's Parents and Citizens' Association may be able to give, would therefore be greatly appreciated.

Yours sincerely

.....(Managers Name)

PRINCIPAL APPROVAL FORM (STUDENT BONA FIDE)

I hereby certify that the student below, who has been invited to be a member of the School Sport South Coast Regional Team to compete in the Queensland School Sport Championships, is enrolled as a student at this school. I further declare that the school has confidence that the student can abide by the Qld School Sport / School Sport South Coast - Code of Conduct – Students and that the student's record of attendance and conduct are such that I recommend the student as one who merits selection in the team.

I understand that the Team Coach, Team Manager and Event Coordinator will complete risk assessments prior to this event.

Student's Name:	Manager to complete
Student's date of birth is:	
Student is a South Coast team member in: (enter age group & sport)	
Qld School Sport State Championship Dates:	

Approved : I hereby consent to the student's participation in the team.	YES / NO (please circle)
Principal's Signature:	
School:	
Date:	
Comment:	
RSVP By :	

Manager:	
School:	
Address:	
Email:	
Fax:	

PARENT CONSENT SUMMARY PROFORMA

DEPARTMENT OF EDUCATION AND TRAINING
Queensland School Sport
Project Consent and Third Party Consent - Summary Form

Please complete details below regarding Project Consent Forms (PCF) and Third Party Website Consent Forms for team members. Once completed please return this form to the appropriate School Sport Officer or nominated delegate for your event.

CHAMPIONSHIP DETAILS

Event: _____ Venue: _____ Dates: _____

Project Consent forms: all Project Consent Forms (9.0a or 9.0b) received and approval given. Yes or No (if no, please provide details below)

Full consent to publish student information has NOT been received for the following team members		
Student name	Playing number	Special requirements or instructions

Third Party Website Consent forms: all Sharing of Information with Third Parties form (9.0d) received and approval given. Yes or No (if no, please provide details below)

Consent to share and publish student information with third parties has NOT been received for the following team members	
Student name	Playing number

Team Manager (name): _____ Date: _____

Team Manager (signature): _____ Date: _____

FINANCIAL DETAILS SHEET

TEAM :		SEX:	BOYS / GIRLS	AGE LEVEL	
MANAGERS NAME :		MANAGERS SCHOOL :			

	Date	Name	School	Levy	Photo GST Incl	Total Amount	Receipt
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
				Column A	Column B	Column A+B+C	
TOTAL AMOUNT				\$	\$	\$	
TOTAL							

This form MUST be faxed within one week after the State Championships.

School Sport South Coast will invoice the school. GST will be added to this invoice for which the school can claim an input credit. Please forward a copy of this document to :

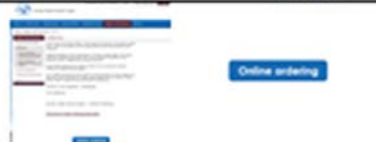


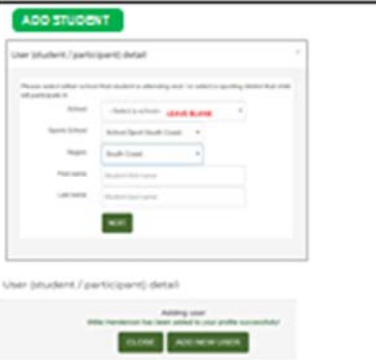

admin@southcoastschoolsport.qld.edu.au

School Sport South Coast
P O Box 2818 Southport QLD 4215

Official's Signature	Business Manager / Bursars Signature

NB. This form is available in EXCEL format (with formulas) from the School Sport South Coast website

QUICKCLIQ ONLINE ORDERING INSTRUCTIONS

School Sport South Coast (SSSC) INSTRUCTIONS for UNIFORM ONLINE ORDERING		
If you have signed up and activated a Quick Cliq account and already added student name Skip step 4 As at 12/2/18		
1. <u>SCHOOL SPORT SOUTH COAST WEBSITE</u>	Go To www.southcoast.scho.sport.n.s.w.edu.au Click Uniforms tab (top on menu bar) Click Online Ordering	
2. <u>SIGN UP</u> (Top left of Quick Cliq Home Page)	Click Sign up button (top left of Quick Cliq Home page) Complete details as required Click FINISH	
3. <u>LOGIN</u> (You will have already previously signed up when you previously made your Regional Trial payment)	Enter email address & password	
4. <u>ADD STUDENT</u> GO TO 5. LEVY - If already registered (i.e. added a student name)	Click ADD STUDENT button (bottom right) School: Leave Blank DO NOT select a school Sports School: Select School Sport South Coast Region: Select South Coast First Name: Complete Student first name Last Name: Complete Student surname	
5. <u>UNIFORM DETAILS</u>	Click Uniforms (on Quick Cliq menu bar) Select A Student (from dropdown) Select Sport (from dropdown) Select Team (from dropdown) Select all Uniform Category Compulsory items (as per the Team Letter) & any Optional apparel (as required) Click ADD TO SHOPPING CART button when finished Click CHECK OUT	

UNIFORM NUMBER SHEET

Please return this form as soon as the team list has been confirmed and playing numbers assigned.

ALLOW A MINIMUM OF 2 WEEKS FOR NUMBERING

TEAM:		SEX:	Boys / Girls	AGE LEVEL:	
MANAGERS NAME:		MANAGERS SCHOOL:			
DATE REQUIRED BY:					
ITEM REQUIRED:	Eg: Playing Shirt				

Where numbers are required, please use single digits if possible.

(NB. Numbers are White with the exception of Cricket Shirts where Maroon numbers are to be used)

PLACEMENT	REQUIRED	PLEASE INDICATE (✓)	DETAILS
FRONT	YES / NO		Left Chest
			Right Chest
			Centre Front
BACK	YES / NO		Centre Back
SLEEVE	YES / NO		Right Sleeve
			Left Sleeve
			Both Sleeves

[illegible]

NB. It is against School Sport Policy to place student's names on the outside of any playing apparel.

PLEASE FORWARD :

Regional School Sports Office

Via email to: admin@southcoastschoolsport.qg.edu.au

Please return this form as soon as the team list has been confirmed and playing numbers assigned.

ALLOW A MINIMUM OF 4 WEEKS FOR NUMBERING

MANAGER'S STATE CHAMPIONSHIP REPORT

As reports are official documents, it is important that the reports be written in a professional manner and tone. Please **type** and email to bronwyn.knight@det.qld.gov.au no later than 2 - 3 weeks after the state championship.

The headings cover all requirements. The completed report should not be over detailed but should give a clear picture of championship organisation. The completed report should enable readers to quickly gain an overall picture of the organisation and activities of the championships.

1.	SPORT:		SEX :	Boys / Girls
2.	AGE LEVEL :			
3.	NAMES OF OFFICIALS :			
4.	DATE OF CHAMPIONSHIPS :			
5.	REPORT OF OFFICIALS PRE CHAMPIONSHIP MEETING :	<i>Minutes, if separate, to be attached</i>		
6.	ORGANISATION OF CHAMPIONSHIPS :			
7.	** WITHDRAWALS FROM TEAM	<i>Please include name of student(s), school, reason for withdrawal and length of time prior to departure that officials were notified.</i>		
		Student(s) Name(s)	School	Reason
				Date
8.	** OVERALL TEAM PLACING :			
9.	** TEAM PERFORMANCE :	<i>Show results of all games played, students' behaviour, general comments.. (this may be an attachment)</i>		
10.	** STATE TEAM MEMBERS :	<i>Please include names and schools of all students / officials who gained selection in State Teams.</i>		
		Student(s) Name(s)	School	
11.	** RECOMMENDATIONS :	<i>This should include constructive comments and be intended to overcome any problems.</i>		

**** Data required for further reporting**

COACHES FORMS

- Regional Team List Selections

REGIONAL TEAM SELECTIONS


School Sport South Coast			
REGIONAL TEAM SELECTIONS			
Region	SOUTH COAST		
Sport			
Boys / Girls		Age Group	
No.	Given Name & Surname	School	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
Shadows			
1			
2			
3			
4			
REGIONAL TEAM OFFICIALS			
Coach		Manager	Trainer
REGIONAL TEAM SELECTORS			
As a member of the Regional Team Selection panel, we the undersigned :			
<ul style="list-style-type: none"> • Agree that the School Sport South Coast selection policy has been adhered to • Agree that the process and procedures followed were fair • Agree with the final team selected 			

DISTRICT REPRESENTED	NAME	SIGNATURE
	Coach (or nominee)	
Broadwater		
Hinterland		
Oceanic		
Pacific Rim		

CONVENORS FORMS

- Regional Trial Newsletter template
- Convenors Budget
- Convenors Report Template

REGIONAL TRIAL NEWSLETTER TEMPLATE

 <p>SCHOOL SPORT SOUTH COAST</p>	<h2>REGIONAL 13-15YRS VOLLEYBALL TRIALS</h2> <h3>NEWSLETTER</h3> <p>District Officials / Secretaries & Sports Coordinators</p>
Printed 12 Feb	
STANDARD INFORMATION FOR ALL - OFFICIALS DISTRICT / SECRETARIES/ SPORTS COORDINATORS	
<p>A. SUPERVISION Each District MUST send an adult to supervise their team(s) or individual district nominations. Officials must not leave venue until all students have been collected.</p> <p>B. FORMS 1. Fully completed team lists must be emailed to the Convenor by the stated due date or if no date mentioned, no later than the Tuesday PRIOR to the trials. This is essential to ensure that accurate lists / folders are available for selection prior to the start of the trials. 2. On the day of the Regional Trials please also ensure that you have selection availability sheets ready to hand in at the pre carnival meeting so that any students not wanting to be considered for selection are crossed off selection forms.</p> <p>C. SCHOOL SPORT SOUTH COAST SELECTION POLICY In order for students to be selected in a South Coast Regional team they must be in attendance at the Regional Trials. The only exception to this is where: <ul style="list-style-type: none"> Students are away at a sporting event of a higher level (in one of the sports approved by Qld School Sport). The RSSO must be notified and approve of this prior to the trial. Students have a medical certificate that is supplied to the RSSO prior to the trials, covering the regional trial date (Team sports only – see website for Swimming/Cross Country/Track & Field). If a student meets this criteria the school must contact the appropriate Generic Application For Exemption Form. The Regional Coach and District team officials will act as regional team selections. Selections will be final. </p>	
COMPULSORY TRIAL REQUIREMENTS for ALL STUDENTS ATTENDING REGIONAL TRIALS	
<p>1. REGIONAL TRIAL PAYMENT <ul style="list-style-type: none"> Online Payment Only! Payments close by the Sunday prior to the trial date Instructions follow: https://southcoast.sch.sport.qld.edu.au/SupportAndResources/FormAndDocuments/Documents/south-coast-documents/Regional-Trial-13-15-quick-cdg-instructions.pdf No registration & payments will be accepted on the day. NA: Students who have not paid online prior to trial will not be permitted to trial. </p> <p>2. SCHOOL SPORT SOUTH COAST (SSSC) PERMISSION & DETAILS BOOKLET The process for completing is as follows: All Students / Parents: 1. Must complete the online version SSSC Permission & Details Booklet. Found on SSSC website "Home Page under Quicklinks" or direct link below: https://southcoast.sch.sport.qld.edu.au/SupportAndResources/FormAndDocuments/Documents/south-coast-documents/permission-and-details-booklet%2021.pdf 2. Must take printed online completed SSSC Permission & Details Booklet to the students' school to get the Principal (or nominee's) signature. 3. Must then bring this fully completed booklet to the regional trials and hand it in to the district managers prior to competition. NA: If the steps above are not followed the students will not be permitted to trial.</p>	

REGIONAL TRIAL DETAILS

REGIONAL CONVENOR:	
TRIAL DATE:	Thursday 22 nd February 2018
VENUE:	Pacific Pines SHS Hall.
TIME:	9:00 am to 2:30pm
OFFICIALS MEETING:	
COST:	\$20 gst incl/ per student Online Payment Only! . See Regional Trial Payment Requirements above
TEAM SIZE	
EQUIPMENT:	Districts to provide their own warm up volleyballs. All other equipment will be provided.
COMPETITION RULES	Trials will consist of drills run by the South Coast Coaches and round robin games. Any games will be refereed by students/coaches not participating in the games.
CATERING:	The school canteen will operate however, it would be preferred that players bring their own food. Players will not be permitted to walk through the school without supervision.

CONVENORS REPORT

School Sport South Coast

CONVENORS REPORT

As reports are official documents, it is important that the reports be written in a professional manner and tone.

The headings cover all requirements. The completed report should not be over detailed but should give a clear picture of carnival organisation. The completed report should enable readers to quickly gain an overall picture of the organisation and activities of the carnival.

1. <u>SPORT</u>		
2. <u>AGE GROUP</u>		
3. <u>CONVENOR</u>		
4. <u>CONVENORS SCHOOL</u>		
5. <u>DATE OF TRIALS</u>		
6. <u>VENUE OF TRIALS</u>		
7. <u>NAMES OF COMPETING DISTRICTS</u>	<input type="checkbox"/> OCEANIC <input type="checkbox"/> BROADWATER <input type="checkbox"/> PACIFIC <input type="checkbox"/> HINTERLAND	
8. <u>NUMBER OF COMPETING STUDENTS</u>		
9. <u>TRIAL RESULTS</u>		
10. <u>COMPETITION FORMAT (Draw, teachers / officials used or required)</u>		
11. <u>RECOMMENDATIONS</u>		

SSSC PERMISSION & DETAILS BOOKLET

- Authority & Consent Form
- Availability / Non Availability for Selection Form
- Parental Consent Form
- Student Details Form
- Medical Details Form
- Mouthguard Consent Form
- Project Consent Form
- Code of Conduct – Team Members
- Code of Conduct – Parents & Spectators

AUTHORITY & CONSENT FORM

(To share personal details and medical history)

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education. (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

► Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education is collecting your child's personal details (Form B6) and medical history (Form B7) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education.. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way

AUTHORITY AND CONSENT

- *I hereby authorise the obtaining on my behalf of such medical assistance as
(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.*
- *I consent for authorised Department of Education. employees to share:*
 - *My personal details, and*
 - *The individual's personal details and medical history with relevant medical professionals in the event of accident or illness or as required by law.*

STUDENT

Student Signature: <small>(Student's signature only required if 18 or over)</small>	Date:
-----------------------------------------------------------------------------------------------	--------------

PARENT / GUARDIAN

Parent / Guardian Signature:	Date:
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AVAILABILITY / NON-AVAILABILITY FOR SELECTION FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

This form **MUST** be completed and given to the District manager / Official prior to the District / Regional Trial.

Availability / Non Availability for selection in a regional team is conditional upon acceptance of the following conditions.

- **Students must be available to participate for the full duration of the State Championships.**
- Students shall not make themselves available for selection in more than one summer and one winter sport (Excluding swimming, cross country and athletics) where the dates of regional or state championships may overlap for training or competition.
- Members of the regional team will be required to train outside of school hours prior to the State Championships.
- Students who accept an invitation to be a member of the regional team must agree to abide by the "Code of Conduct – Team Members and Code of Conduct – Parents & Spectators".
- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Withdrawal without notice or exceptional circumstances may result in exclusion from selection in any district / regional teams.
- On some occasions costs may be a prohibitive factor of availability for selection. Payment in full will need to be made at least 2 weeks prior to the State Championships. Please take this into account before making yourself available for selection. Each School Sport Coordinator has a copy of the approximate costs for all South Coast Regional school sport teams. A copy of these approximate costs can also be found on the South Coast School Sport website.
-

PARENT / GUARDIAN

*I have read and agree to the conditions stated above. I give approval for my son/daughter to participate in the district / regional trials and Request / Do Not Request (**circle one**) that my child be considered for selection in the above-mentioned district / regional team.*

Parent Signature:

Date:

STUDENTS

I wish to be considered for selection in the above named student in the district / regional team and agree to be bound by the above conditions.

Student Signature:

(Student's signature only
required if 18 or over)

Date:

PRINCIPAL

*I Approve / Do Not Approve (**Circle one**) of the selection of the above named student in the district / regional team and verify that the date of birth is correct.*

Principal Signature:

(or Nominee)

Date:

School Sport South Coast, as an operational unit of the Department of Education., is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

PARENT CONSENT FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

I accept the invitation for my son / daughterto be a South Coast Team Member and I hereby give my consent for my son/daughter to participate in any activity arranged by, or participated in by the South Coast School or any affiliated body. I hereby give my permission for him/her to use such known forms of transport, including air or coach transport, for such travelling as may be deemed necessary. I agree:

1. I understand that participation in this team is also dependent on the receipt of a signed Principal's Approval Form verifying that your son / daughter is enrolled as a student at that school and that the school is confident that your son / daughter can abide by the Code of Conduct – Team Members and that the students record of attendance and conduct are such that I recommend the student as one who merits selection.
2. I agree that, during the periods of the aforesaid competition in which my son/daughter is participating, and during such travelling and other activities as may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.
3. To meet the costs associated with participation in this activity, and accept that I may incur a cancellation fee for late notification in cancelling travel bookings.
4. I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my son/daughter participates and during such travelling and other activities as may be deemed necessary.
5. I agree that my son/daughter must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing these sports.
6. I acknowledge that the Department of Education & Training and School Sport South Coast **do not** have personal accident insurance cover for students.
7. In the event of my requesting and being given approval to arrange private accommodation for my son/daughter, I accept all the responsibilities (this includes transport to and from the playing venue each day) in relation to the interstate competitions. I also understand that whilst at the championships my son/daughter is still under the control of South Coast team officials during competition hours and any official functions connected with the intrastate competition.
8. I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 15+ broad spectrum sunscreen.
9. I have read the School Sport South Coast (SSSC) – **Code of Conduct – Team Members and Code of Conduct – Parents & Spectators** understand its contents and conditions, and accept the parental responsibilities contained therein. I have also read this Code of Conduct and agree to respect and abide by these codes.

► AGREEMENT

I, _____ have read and understand the Code of Conduct – Team members and Code of Conduct – Parents & Spectators and agree to abide by its conditions.

Parent / Guardian Signature:

Date:

Student Signature:

Date:

(Student's signature only required if 18 or over)

School Sport South Coast, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

STUDENT DETAILS FORM

It is School Sport South Coast policy that officials' first preference of contact is directly with parents. However, in certain situations South Coast Officials may need to contact team members directly.

I _____ (Parent / Caregiver) of _____ give / do not give permission for my child to be contacted directly via phone/text message by the appointed School Sport South Coast Officials in matters directly concerning the activities related to being a team member of School Sport South Coast _____ team. Pre-carnival contact may include matters relating to training prior to the championships, and for communication and risk management whilst the team is away.

Contact Phone (Parent) :	Contact Phone: (Student):
Parent Signature :	Date :

▶ PLAYER DETAILS			
Surname :	First Name :		
Date of Birth :	Gender :		
Home Address :	Postcode :		
Phone (Home) :	Mobile (Students) :		
Email address :			
School :			
▶ PARENT/ GUARDIAN / CARER (1)			
Surname :	First Name :		
Home Address : (If different to player's)	Postcode :		
Phone (Home) :	Mobile (Parents) :		
Email address :			
Business Address :	Postcode :		
Phone (Business):			
▶ PARENT/ GUARDIAN / CARER (2)			
Surname :	First Name :		
Home Address : (If different to player's)	Postcode :		
Phone (Home) :	Mobile (Parents) :		
Email address :			
Business Address :	Postcode :		
Phone (Business):			
▶ CONTACT PERSON (When parent / guardian / carer cannot be contacted)			
Surname :	First Name :		
Home Address : (If different to player's)	Postcode :		
Phone (Home) :	Mobile Phone:		
▶ ANY RELEVANT FAMILY HISTORY			

School Sport South Coast, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

MEDICAL DETAILS FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

IMMUNISATION DETAILS (Please complete. List others as appropriate)

Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from asthma ?

List of Medications

If "Yes" to any of the above, attach your Action Plan and list medications taken (name, amount, frequency, etc).

Are you allergic to any medication/s ?

List of Medications

If Yes, list medications:

If "Yes" to any of the above, attach your Action Plan

Are you currently being treated by a medical practitioner ?

If Yes, list details and all current medication/s.

Are you suffering from an injury or medical condition(s) which is likely to be aggravated by competition?

If Yes, list details:

If "Yes", please attach a medical clearance certificate in order to participate in this activity:

Medicare Card No. :

Cardholder Name (if not in name of student)

Private Health Insurance Company Name (if covered)

Private Health Insurance Membership Number

Personal Accident & Injury Insurance Do you have cover against accident/injury for competitions and associated activities (training, travel, etc.)

Personal Accident & Injury Insurance Company Name

► **NB.** Parents are advised that the Department of Education. does not have Student Accident Insurance cover for students. Therefore, if your child is injured at school as a result of an accident or incident, all costs associated with the injury, including medical costs, are the responsibility of the child, parent or caregiver. Some incidental medical costs may be covered by Medicare. If parents have private health insurance, some costs may also be covered through the private health insurance. Any other costs would be borne by the parents. School Sport South Coast will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.

Please list any other relevant medical history

MEDICAL AUTHORISATION

- ☐ I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.
- ☐ I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.
- ☐ I acknowledge that the Department of Education does not have Student Accident Insurance cover for students

PARENT / GUARDIAN

Date:

MOUTHGUARD CONSENT FORM

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines mandate that **mouthguards are compulsory** for students wishing to participate in a school sport representative event for the sports listed below.

- Australian Football (AFL)
- Rugby League
- Rugby Union
- Hockey
- Water Polo

The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Parents / Carers are requested to refer to the Australian Dental Association website below in order to make an informed choice about the different types of available mouthguards.

<https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards>

If a student is unable to wear a mouthguard for medical reasons, then a signed medical clearance certificate is required prior to participating in the representative event.

Please complete the parent / carer consent permission section below and return this form to the relevant team official, along with all other required paperwork, **prior** to the representative event.

Failure to comply with this permission process will mean that the student will be unable to participate at the specific representative school sport event.

STUDENT DETAILS	
Student's Name	
Date of Birth	
School	

PARENT / CARER CONSENT AND MEDICAL DECLARATION

I, _____ (name of parent) understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.

I confirm that the above mentioned student:

Please tick one of the boxes below

☐ has **NO** identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

☐ has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required medical clearance certificate is attached.

Signature of Parent: _____ Date: _____

PROJECT CONSENT FORM



Queensland Government

9.0 Project Consent Form

to use copyright material, image, recording or name

1 I GIVE CONSENT

On behalf of the individual identified in section 6 of this Consent Form (the **Individual**), the person or persons signing this Consent Form (the **Signatory**)* grants consent to the Department of Education. (the **Department**) and to any other Department or Agency of the State Queensland (the **State**) to use, record and disclose the Individual's:

- name, image and other identifying information (**personal information**); and
- copyright material, including their written, artistic or musical works or video or sound recordings (**Individual work**).

**Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual. The Individual must also sign if he or she is under 18 and able to give and understand the consent. If the Individual is 18 or older, the Signatory and the Individual will be the same person.*

2 FOR THE PURPOSE OF

This consent applies to any use recording or disclosure of the Individual's personal information or Individual work, in connection with the Department or State, for:

- the purposes identified in the Project Details section of this Consent Form; and
- public relations, promotion, advertising, media and commercial activities concerning the Project.

3 FOR THE DURATION OF

This consent will continue until the Individual revokes consent by providing written notification to the person nominated in Section 7 of the Project Consent Form.

Despite the above, if, at the time the Individual revokes consent, the Department or the State is using the Individual's personal information or Individual work, or the Department or the State has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the Department or the State's use is complete or until the contractual obligations come to an end.

4 I UNDERSTAND THAT

- 'Project' means the project described in the Project Details section of this Consent Form.
- 'Use' includes:
 - to create, make copies of or reproduce or retain in any form, including by camera, video, digital recorder, webcam, closed circuit television, mobile phone or any other device; and
 - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet,
- in whole or in part, and to permit other persons to do so.
The Department or the State will not pay the Signatory or the Individual for giving this consent or for the use of the Individual's personal information or Individual work.
- This Consent Form revokes and replaces all previous consent forms in relation to the use of the Individual's personal information or Individual work in the Project.
- Nothing in this Consent Form limits the rights that the Department or the State reserve in relation to the use of the Individual's personal information or Individual work, copyright or other intellectual property under any other law.
- The 'Department' and the 'State' include the officers and employees of the Department and the State engaged in performing services for the Department and the State.
- This consent extends to the Department and the State:
 - disclosing the Individual's personal information and Individual work to the Department's and the State's agents, contractors and volunteers for the purpose of performing services for the Department and the State; and
 - permitting those persons to use, record and disclose such material to the same extent as the Department and the State are entitled to deal with the Individual's personal information and Individual work.

Name and description of Project:

- ▶ *Queensland School Sport Representative Sporting Teams attending District, Regional, State, Interstate, National or International Events*

Description of what is to be made, used, retained or reproduced:

☐ Individual's copyright material ☐ Individual's name ☐ Individual's image

Description of image, copyright material, recording or other personal information:

[Print]

Description of the purpose for which the personal information or individual work is required, and the medium of reproduction (e.g., paper, electronic or other form). Will it be made, used, retained or reproduced, and will it be distributed, published or communicated to the public (e.g. on the Internet)?

- ▶ *As a value add or service to parents, team photographs, action photography and DVD's may be taken by commercial photographers.*
- ▶ *Action photography of athletes, whose consent by parents has been received, may be published on the commercial photographer's website for retail sale.*
- ▶ *DVD's may be available for sale at the event or through retail sales, usually to the parents of such students.*
- ▶ *Only one commercial photographer will be contracted for each service, team photographs, action photography and DVD production for the event.*

Description of the timeframe during which the Individual's name, image or Individual work is required (e.g. Is it for one-time use? For what date or dates?):

- ▶ *May be used for the period of enrolment of the individual at the school this consent was returned. Timeframe will cover from the time of selection or otherwise in accordance with clause 3.*

Name of the departmental position/person responsible for the making, usage, storage, reproduction, distribution, publication or communication of the Individual's personal information or Individual work:

- ▶ *Manager, Queensland School Sport Unit*

Name that should be used in association with the Individual or the Individual's image or Individual work:

☐ Full name ☐ First name only ☐ No name ☐ Other: _____ [Print]

6**DETAILS****Name of Individual****Address of Individual****Name of organisation, school or TAFE** (at which the Individual is enrolled, employed, or works as a volunteer, if any)**Signature of the Individual** (If over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)**Date**

/ /

Signature of the parent or guardian (if the Individual is under 18 years of age)**Date**

/ /

Name of signing parent or guardian**Address of signing parent or guardian****7****NOTE**

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority of a person to provide consent.

If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact the Principal of the school at which the Individual is enrolled or works.

CODE OF CONDUCT – TEAM MEMBERS

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in School Sport South Coast (SSSC) events, and the range of consequences for breaching the code.

AS A TEAM MEMBER'S

- Take responsibility for your own conduct and performance
- Compete by the competition conditions and rules.
- Never argue with the Judge's, Referee's or Umpire's decision.
- Control your temper – no criticism by word or gesture.
- Work equally hard for yourself and your team – your team's performance will benefit and so will your own.
- Be a good sport. Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Behave in a manner that respects the rights of others.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials is strictly forbidden.
- Going to bed at a reasonable hour will assist your own and your team's performance.
- Wearing the official team uniform at all times, as directed by team management / officials
- Check - in and check - out with team management / officials each day.
- Stay in the designated team area and support other team members during times when I am not competing
- Follow all directions of team management / officials
- Ensure that you have telephone numbers of team managers with me at all times that I am not with the team.

AS A GUEST IN MOTELS, COLLEGES, CARAVAN PARKS & SURF CLUBS ETC.

- Check for any damage to premises on arrival and notify your team official.
- Keep your room tidy – make your own bed, help with chores.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted.

BREACH OF THE CODE

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' cost. School Sport South Coast Board (SSSCB) is responsible for imposing any longer term consequences.

Furthermore, SSSCB may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA).

Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA

CODE OF CONDUCT – PARENTS & SPECTATORS

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in School Sport South Coast (SSSC) events, and the range of consequences for breaching the code.

PARENT'S CODE OF CONDUCT

- Cooperate with the school to achieve the best outcomes for your child
- Support team and event officials in maintaining a safe and respectful learning environment for all students
- Maintain positive relationships with team officials regarding your child's learning, wellbeing and conduct
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Make any new parents feel welcome on all occasions
- Do not interfere with the conduct of any events
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.

SPECTATOR'S CODE OF CONDUCT

- Demonstrate appropriate social behaviour
- Remember children play for enjoyment. Don't let your behaviour detract from their enjoyment
- Let game officials conduct events without interference
- Support skilled performances and team play with generous applause
- Demonstrate respect for opposing players and their supporters
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and text .

BREACH OF THE CODE

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. Queensland School Sport is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.

Parents and spectators should note that it is an offence to insult (meaning "to treat insolently or with contemptuous rudeness, to abuse") an officer of a state educational institution - Section 333 Wilful Disturbance, of the Education (General Provisions) Act 2006 (EGPA).

Parents and spectators will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA