**BOARDING AT**

**NORTHAM**

**RESIDENTIAL COLLEGE**

**APPLICATION FOR A RESIDENTIAL PLACE**

Thank you for your interest in a residential place for your child at a Department of Education residential college.

Please use this form to apply for a residential place at a residential college by:

1. ensuring you answer all questions or insert “N/A” if the question does not apply to your child; and
2. submitting this application form and the $50 application fee to your preferred college.

Applying for a residential place does not guarantee your child will be able to reside at a residential college. A place is offered on the understanding that the information you provide in your application is accurate and complete. The place may be withdrawn if the information in your application is false or misleading.

**Student details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Surname |  | | | | |
| Student Given Name/s |  | | | | |
| Student preferred name/s (if different) |  | | | | |
| Date of birth | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Aboriginal or Torres Strait Islander origin | NO  YES, Aboriginal  YES, Torres Strait Islander  YES, Both Aboriginal and Torres Strait Islander | | |
| Level of entry  (e.g. Year 7) |  | Year of entry (e.g. 2019) |  | Gender |  |
| Address – Student’s usual place of residence | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ | | | |
| The period for which a residential place is requested | | Start Date \_\_\_\_/\_\_\_\_/ \_\_\_\_ Approx. End Date \_\_\_\_/\_\_\_\_/ \_\_\_\_ | | | |
| Has an application been made for a place at another residential college? | | YES  NO If Yes, which College? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| The secondary school at which the student will be enrolled while boarding at the college | | School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The school has approved the enrolment  YES  NO | | | |
| The student’s secondary education program | | General secondary  VET  ATAR  Clontarf Academy  Gifted and Talented  Follow the Dream  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The program includes off site training  employment  A Year 11/12 Notice of Arrangements includes part-time schooling  YES  NO If Yes, time at school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| Previous boarding facilities or boarding schools |  |
| Current school enrolment  Other schools in the last year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have a sibling residing at a residential college? | YES  NO  If YES, which college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year level \_\_\_\_\_  Will the siblings be at a college in the same year?  YES  NO |
| Student immunisation status  **The Australian Immunisation Register (AIR) immunisation history statement is the only immunisation information the College can accept.** | **The Australian Immunisation Register (AIR) immunisation history statement shows the** immunisation status as   Up to date  Not up to date as at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date on the AIR immunisation history statement) |
| Does the student have behaviour, pastoral care, learning, attendance support needs and/or a disability?  Providing this information will assist the College to identify the student’s needs and to provide for their day to day care and welfare. | YES  NO  If Yes, please describe the student’s current needs and additional supports the College may need to provide  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have a medical condition, a mental health condition or another health care need?  Providing this information advises the College of day to day health care needs and of specific physical or mental health needs that could affect the student in an emergency.  You will need to provide additional health information if you accept a place at the College. | YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO  If Yes  Does the student have a documented health care management plan?  YES  NO  Does the student have a documented emergency response plan?   YES  NO  Please describe the health condition or care need and additional day to day supports the College may need to provide  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have any other needs that may require additional supports to provide day to day care?  Providing this information will assist the College to identify the student’s needs and to provide for their day to day care and welfare. | YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO  If Yes, please describe the student’s current needs and additional supports the College may need to provide  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the student an Australian citizen? | YES  NO  If No  Is the child a permanent resident of Australia?  YES  Visa subclass \_\_\_\_\_\_\_\_\_\_\_  or  Is the child a temporary resident of Australia?  YES  Visa subclass \_\_\_\_\_\_\_\_\_\_\_ Visa expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Does the student speak a language other than English at home? | NO, English only  YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*If more than one other languages, indicate the language that is spoken most often)*  Does the student mostly speak English at home?YES NO |
| Court order, parenting plan or other statutory provision that is in place or affects the student | Is there a parenting plan in place?  YES  NO  Is the student subject to a Family Court or other court order?   YES  NO  Is the student in the care of the Department for Communities, Child Protection and Family Support’s (CPFS) Director General?   YES  NO  If Yes, please provide the name and contact details of the Case Manager.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Assistance Government subsidy or allowance**

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| --- | --- |
| Please indicate any Government subsidy or allowance that is expected to be received by the student or parent.  Any financial assistance must be paid directly to the College to reduce the accommodation fee that is payable by parents. | Assistance for Isolated Children Scheme (AIC)  Boarding Away from Home Allowance (BAHA)  Youth Allowance  ABSTUDY  Gifted and Talented Education (GATE) Boarding Allowance  An application has been lodged for this assistance  YES  NO |

**Parent details:** Please provide the following parent information so your application can be considered.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent 1 full name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent 2 full name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Residential address if different from the student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ | Residential address if different from the student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ |
| Postal address  (if different  from above) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ | Postal address  (if different  from above) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ |
| Contact details | Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact details | Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Release of information**

* I give consent for the College Manager to seek and be given information about the enrolment and education program for the student from the school/s listed in this application.

YES  NO

* I give consent for the College Manager to seek and be given information about any training and/or employment activities related to the student’s program.

YES  NO

**Declaration**

* I declare the information provided in this Application Form to be correct and complete.
* If this application is approved, I understand I will be required to enter into a Boarding Agreement with the College Manager and to provide a $300 bond that will be held by the College.
* If this application is approved, I understand additional information will be requested to allow the College staff to properly provide the student with necessary day to day care and assistance in an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent 1  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_ | Parent 2  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_ |

**Payment of the application fee**

|  |  |
| --- | --- |
| Account name: **Northam Residential College**  **BSB: 066-524**  **ACC: 00800225** |  |