



Bossley Park High School

2024

Talented Football Program Application Form (Stage One)

FAMILY NAME

GIVEN NAME

PLEASE REFER TO THE LAST PAGE OF THIS APPLICATION FOR DETAILS ON THE TALENTED FOOTBALL PROGRAM APPLICATION PROCESS.

STUDENT DETAILS

Family Name
Given Name
Address

Gender Male Female
Date of birth

School currently attending
Current school grade

FAMILY CONTACT DETAILS

Parent/carer 1
Family Name
Given Name
Address

Relationship to Student
Telephone
Home
Mobile
Email

Parent/carer 2
Family Name
Given Name
Address
Relationship to Student
Telephone
Home
Mobile
Email

Name of Football Club student is currently playing for
Division

SPECIAL NEEDS

Is your child a young person with: Indicate Y/N
 a physical behaviour
 autism an intellectual
 a hearing mental health
 a language a vision
 acquired brain learning difficulties eg dyslexia

Other (please specify)

SPECIAL CIRCUMSTANCES
Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (eg living apart from parental supervision, subject of a court order (please provide a copy), out of home care arranged by the state.

Yes No

If **Yes**, please provide a brief description of the circumstances.

H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number

Student's Medicare card reference number

Medicare card valid to date

/
month year

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / medical condition	Doctor's name	Address	Telephone
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If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

Allergy to

1. Has a doctor diagnosed this allergy? Yes No

2. Is this a severe allergy (anaphylaxis)? Yes No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? Yes No

6. If yes, is this plan attached? Yes No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? Yes No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.

PARENT/CAREGIVER DECLARATION AND CONSENT

I declare that the information in this application is, to my knowledge and belief, accurate and complete.

I recognise that should statements in this application later prove to be misleading any decision made as a result of this application may be reversed.

I also acknowledge that my/our acceptance is in accordance with the Department's Enrolment of Students in NSW Government School policy that the school will not offer a placement for any other siblings who reside out of the school's intake area.

I/We the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for Bossley Park High School staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness.

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.

While the inherent risk of football is low, if your child sustains a concussion, or experiences any concussion symptoms, you are required to report this to your child's current school and Bossley Park High School. Your child will only be permitted to participate in subsequent trials if a medical clearance is provided.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these football (soccer) trials and will adhere to the above concussion clause.

Signature of parent/carer 1

Print name

Date

Signature of parent/carer 2 (If applicable)

Print name

Date

PLEASE DETACH THIS PAGE AND KEEP FOR YOUR REFERENCE

TALENTED FOOTBALL PROGRAM (TFP) APPLICATION PROCESS

STAGE 1

The TFP selection committee will process your child's Stage 1 application. Once processed, you will be contacted by email advising details of the trial date and time. The trial will take place at Bossley Park High School either on the TFP training pitch or within the sports centre. Your child should be prepared to attend with footwear for both indoor and outdoor sessions.

Further information relating to your child's application may be requested.

If your child is unsuccessful at trial, the school will contact you by phone to advise you of the outcome.

STAGE 2

If your child is successful at the Stage 1 trial process, you will be advised by email of the requirements for the Stage 2 application.

The TFP selection committee will make a decision based on all aspects of the Stage 1 and Stage 2 application processes.

Parents/carers will then be notified of the outcome of their child's application by email within two weeks of the Stage 2 application being received by the school.

Please direct any enquiries to Mr Joe Haywood, Head Coach, Talented Football Program.

Email: joseph.haywood@det.nsw.edu.au

Telephone: (02) 9823 1033

