



Careers Expo Information

Western Sydney Careers Expo - Year 12

Thursday, 22 June 2017

24 May 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission/Medical Information/Payment Envelope and return it to the organising teacher via the College Office no later than Thursday, 15 June 2017.

Name of Organising Teacher:	Mr J Evans
Date:	Thursday, 22 June 2017
Venue Name:	Sydney Showground
Address/Location:	Sydney Olympic Park
Why students should attend:	Exhibitors include universities, TAFE colleges, employers, careers counsellors, organisations with apprenticeship information, providers of study skills programs, HSC resources and lecturers, international exchange and gap year advice.
The cost of the event is:	\$10.00
Starting point and time:	Nirimba Campus, 10.00am
Finishing point and time:	Nirimba Campus, 2.00pm
Additional Travel Details	Students will arrive back at the College in time for their normal afternoon buses.
Students are to wear:	Full College Winter Uniform
Other requirements:	Lunch, morning tea, afternoon tea, drinks throughout the day and sunscreen
Students will be transported by:	Bus
Emergency contact details:	If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0434 814 526 (Nir) or the College on 9208 7200.

PERMISSION /MEDICAL INFORMATION / PAYMENT ENVELOPE
Western Sydney Careers Expo - Year 12
Thursday, 22 June 2017



(To be completed by Parent/Caregiver and returned to **Mr J Evans** via the college office no later than Thursday, 15 June 2017).

I give permission for my child _____ of Homeroom _____ to attend the above excursion at Sydney Showground, Sydney Olympic Park.

The cost of the excursion is **\$10.00**. Please find enclosed \$ _____ .

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- ☐ I understand that students must wear Full College Winter Uniform
- ☐ In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

Parent/Caregiver signature _____ Date _____

MEDICAL INFORMATION FORM	
Teachers Name: Mr J Evans	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2017 Birthday:
Home Telephone Number:	
Parents/Caregivers Work Telephone Number:	
Parents/Caregivers Mobile Number:	
Emergency Contact Phone Number:	
Family Doctor Name:	
Family Doctor Phone Number:	
List of any medications your child will be taking on the day:	
Medicare Number:	Private Health Fund:
Please list any medical/other conditions <i>Eg: Anaphylaxis (peanuts) - administer Epi-Pen immediately:</i>	

Dissection Code: 030-336