

# Chifley College Dunheved Campus

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## IN-SCHOOL ACTIVITY INFORMATION AND CONSENT FORM

Dear Parent or Caregiver

Selected students from Chifley College Dunheved Campus are being given the opportunity to participate in a personal development program where they will learn how to self-regulate and manage their emotions.

Bridging the Gap – RAGE Program (BTG) is a 4 weeks workshop specifically designed to give students the tools they need to manage anger and difficult emotions in new and effective ways. Some topics covered will include assertive communication, recognising and responding to triggers, and self-care.

### **THE FOLLOWING DETAILS RELATE TO THIS IN-SCHOOL ACTIVITY**

**DATE OF ACTIVITY:** Period 1 of every Wednesday from 13<sup>th</sup> March to 10<sup>th</sup> April 2019.  
**WHERE:** CCDC, Our House classroom  
**COST:** Nil  
**WHAT TO BRING:** Meals and drinks are to be provided by students  
**SUPERVISED ON DAY BY:** Mrs N Kaur  
**TEACHER IN CHARGE:** Mr M Kennedy

It is an expectation that all students wear full school uniform and that the standard of behaviour displayed will be consistent with the school's Code of Behaviour at all times.

Mrs J Ribeiro  
**Principal**

Mr M Kennedy  
**Head Teacher Wellbeing**

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### **IN-SCHOOL ACTIVITY CONSENT - STUDENT WELLBEING, BTG - RAGE PROGRAM** ***Return permission by Tuesday 12<sup>th</sup> March to Mr Kennedy***

1. I hereby consent for \_\_\_\_\_ (student name) participating in an in-school activity during Period 1 of every Wednesday from 13<sup>th</sup> March to 10<sup>th</sup> April 2019. **YES / NO (please circle)**

Name of Parent/Caregiver: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

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## STUDENT DETAILS

Child's name: .....

Address: .....

Parent/caregiver contacts: Name ..... Telephone .....

Name ..... Telephone .....

Other Emergency contacts: Name ..... Telephone .....

Name ..... Telephone .....

Parent/caregiver: Signature ..... Date: .....