FOOD BANK SCHOOL BREAKFAST CLUBS PROGRAM

ENROLMENT FORM: COOKING CLASSES

School Name: _____

School Key Contact Person: _____

As part of the School Breakfast Clubs Program funded by the Victorian Government Department of Education (The Department), Foodbank Victoria will be delivering a series of Cooking Classes. The classes are a four-week course, generally delivered outside of school hours and aims to support families to learn new skills in cooking, food safety and meal planning, with a focus on daily consumption of the five food groups recommended for good health.

Parent/Guardian Information
Name:
Relationship to the child/children:
Mobile phone number:
Emergency contact person & phone number:
Do you identify as Aboriginal and/or Torres Strait Islander? (optional): Yes / No
Medical/health conditions (relevant to Cooking Classes– e.g. asthma, anaphylaxis)
Please specify any food allergies/intolerances: • Have you been diagnosed at risk of anaphylaxis? Yes / No • Do you have an auto injection device? Yes / No
Additional needs or comments:

Child's Information
Name:
Date of Birth:
Year Level:
Does your child identify as Aboriginal and/or Torres Strait Islander? (optional): Yes / No
Medical/health conditions (relevant to Cooking Classes– e.g. asthma, anaphylaxis)
Please specify any food allergies/intolerances: • Has your child been diagnosed at risk of anaphylaxis? Yes / No • If yes, has your child's anaphylaxis management plan been provided to the school? Yes / No • If yes, does your child have an auto injection device? Yes / No
Additional needs or comments:

Child's Information
Name:
Date of Birth:
Year Level:
Does your child identify as Aboriginal and/or Torres Strait Islander? (optional): Yes / No
Medical/health conditions (relevant to Cooking Classes– e.g. asthma, anaphylaxis)
Please specify any food allergies/intolerances: • Has your child been diagnosed at risk of anaphylaxis? Yes / No • If yes, has your child's anaphylaxis management plan been provided to the school? Yes / No • If yes, does your child have an auto injection device? Yes / No
Additional needs or comments:

Child's Information
Name:
Date of Birth:
Year Level:
Does your child identify as Aboriginal and/or Torres Strait Islander? (optional): Yes / No
Medical/health conditions (relevant to Cooking Classes– e.g. asthma, anaphylaxis)
Please specify any food allergies/intolerances: • Has your child been diagnosed at risk of anaphylaxis? Yes / No • If yes, has your child's anaphylaxis management plan been provided to the school? Yes / No • If yes, does your child have an auto injection device? Yes / No
Additional needs or comments:

Privacy
The Department collects personal and health information for the purposes of the Cooking Classes program. Personal information will be used for the purposes of administering the program. Health information will be used to appropriately cater to participant needs. If you provide consent to participate in the Cooking Classes program, the personal and health information you've provided on this form, as well as the anaphylaxis and/or asthma management plans you've provided to your child's/children's school, will be disclosed to Foodbank Victoria for the purposes of the Cooking Classes program and to ensure that the Cooking Classes appropriately cater for your and your child's/children's health and dietary needs, and so that you and your child/children are safely and appropriately cared for in the event of an emergency. The Department and Foodbank Victoria will protect the privacy of your information. All information is held in confidence. Your and your child's/children's information will be handled in accordance with obligations under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). Information will be used only for the intended purpose. Where the intention includes confidentiality, information will be treated as such, unless otherwise required by law. If all requested information is not provided, you and your child/children may be unable to participate in the Cooking Classes program. For any queries or if you would like to make a request to access or correct your information, please contact Foodbank Victoria at cookingclasses@foodbankvictoria.org.au, or on 0466 867 435. For more information, please see the Schools' Privacy Policy at www.vic.gov.au/schools-privacy-policy.

Parent/Guardian Declaration

As the parent (or guardian) of (child's/children's name/s):_____
I hereby consent to his/her/their enrolment as a student/students within the Cooking Classes program. In addition to such consent, I hereby acknowledge and accept the following conditions of enrolment for myself and my child/children:

1. I give permission for the child/children nominated in this form to participate in the School Breakfast Clubs Program – Cooking Classes.
2. I and/or my child/children will be subject to the relevant school policies including Food Safety, OH&S and Emergency Management Plans.
3. I accept that Foodbank Victoria and the Department are not liable for personal injury to myself or child/children, property damage or loss sustained as a result of his/her/their participation in the program, unless caused through proven negligence by Foodbank Victoria and its employees.
4. I consent to treat all participants with respect and to keep all informal and formal discussions disclosed within sessions confidential.
5. I acknowledge that I and/or my child/children will not participate if suffering from an infectious and/or communicable disease (as identified by the Department of Health).
6. I and/or my child/children will be interacting and engaging with kitchen equipment, including knives, cook tops and hotplates, which have the potential to cause physical injury.
7. I and/or my child/children will be exposed to discussions, readings, and visual material as set forth in course outlines and materials.
8. My and/or my child's/children's food allergies (if applicable) are actively managed with my health care provider and I have an emergency plan in the case of an episode of acute exposure.
9. I agree if my and/or my child's/children's medical or other needs change, I will inform and provide details of these changes.
10. I am aware that Foodbank Victoria has policies and procedures available for viewing.
11. I will give notice if unable to attend the class session due to unexpected circumstances or illness.
12. We will adhere to all food safety guidelines if food prepared during cooking class is taken off the premises. This includes correct transportation, storage, refrigeration and reheating. No responsibility is taken by Foodbank Victoria or the Department if food taken off premises becomes contaminated and causes illness through failure to adhere to food safety guidelines by participant.
13. I will inform the School Key Contact and/or Foodbank Victoria's Facilitator if I have any concerns, complaints, suggestions or comments regarding the services being provided.
14. I authorise staff to seek necessary emergency medical treatment for my child/children in the event of an injury during the course.
15. If required, I authorise the Foodbank Victoria Facilitator and/or other nominated school staff to:
    - administer such first-aid, as judged to be reasonable and necessary
    - assist in responding in the case of an emergency, including medical emergency.
16. I will inform staff of any potential dangers the participant may pose by engaging in group-based service within a kitchen/cooking environment.
17. I understand that in the event that my/my child's/children's behaviour is inappropriate or poses a danger to themselves or others during the session, I/he/she/they will be asked to refrain from this behaviour or may be asked to not participate further.
18. I agree that I am the person with parental responsibility in relation to the child/children participating in the program. Foodbank Victoria's Facilitators are not responsible for the primary supervision and individual monitoring of my child/children while in attendance at the Cooking Classes program.

Consent

I have read this notice and consent to my child/children participating in all activities within the Cooking Classes program and declare that all information is true and correct. I understand that the Department will disclose my child's/children's information to Foodbank Victoria for the purposes described in the Privacy section of this form.

☐ I give permission for my child/children to be photographed during the delivery of the Cooking Classes program. Photographs may be used for marketing and promotional purposes. **Please tick box, if yes.**

I have read this notice and I consent to participating in all activities within the Cooking Classes program and declare that all information is true and correct. I understand that the Department will disclose my information to Foodbank Victoria for the purposes described in the Privacy section of this form.

☐ I consent to being photographed during the delivery of the Cooking Classes program. Photographs may be used for marketing and promotional purposes. **Please tick box, if yes.**

Participating child/children full name/s:	Participating parent/guardian full name:
Parent/Guardian signature:	Date: