**WESTERN STUDENT CONNECTIONS**

**2021 WORKSHOP APPLICATION FORM**

**EMAIL TO:** [**reception@wsc.edu.au**](mailto:reception@wsc.edu.au) **FAX TO: 02 6885 6199 or DELIVER to 2/12 Blueridge Drive Dubbo**

**Section 1 Course Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Course Name: | **Creative Kids Robotics and Coding Workshops** | | | | | |
| 2. Date:  Please tick one | |  |  |  |  | | --- | --- | --- | --- | | 🞏 | **29th June 2021** | Dubbo | Ozobots and Spheros | | 🞏 | **1st July 2021** | Dubbo | Scratch Coding | | | | | | |
| **Section 2 Parent Details** | | | | | | |
| 3. Name: |  | | 4. Relationship to child: | | |  |
| 5. Address: |  | | | | | |
| 6. Phone: |  | | | 7. Mobile: |  | |
| 8. Email: |  |  | | |  | |

**Section 3 Participant Details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 9. Preferred Name: | |  | | | 10. Age: | |  |
| 11. Gender: |  | | 14. 🞏 | Aboriginal | 🞏 | Torres Strait Islander | |
| 12: School: |  | | | | | | |
| 13. Class: |  | | | | | | |

**Section 4 Creative Kids Voucher Details:**

|  |  |
| --- | --- |
| 15. Voucher Number: |  |
| **Section 5 Other Information:** | |
| 16. Does the participant have a disability, impairment, or long-term condition? 🞏 Yes 🞏 No | |
| *If yes, mark any applicable box:* | |
| 🞏 Vision 🞏 Hearing 🞏 Physical 🞏 Intellectual 🞏 Medical 🞏 Mental Health 🞏 Learning  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 17. Does the participant require assistance because of this disability, impairment or long-term condition?  🞏 No 🞏 Yes | |
| *If Yes, please contact Western Student Connections* | |
| 18. Special Dietary requirements/allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Section 6 Declaration:**

🞏 I understand that workshop numbers are limited, that this Application **does not** guarantee a place in the course and that I will receive confirmation on receipt of the Application

🞏 I will notify Western Student Connections of any circumstance which may pose a risk.

🞏 I will notify Western Student Connections if I am unable to attend. Failure to notify will mean workshop fee must be paid.

🞏 Workshop cost is $100.00 (incl. GST) per participant, and may be paid using the Creative Kids Voucher.

🞏 If paying cash, payment must be received at least one week before workshop date.

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