



# Mt Roskill Grammar School

## Gateway Application & Consent Form 2019



Please complete this application form and return it to Room H4  
 If you have any queries visit [www.mrqs.school.nz/ourschool/gateway.aspx](http://www.mrqs.school.nz/ourschool/gateway.aspx)  
 or see Miss Scott, [angela.scott@mrqs.school.nz](mailto:angela.scott@mrqs.school.nz) 021 825 200

Gateway is a government funded programme that has been operating successfully since 2000. The key purpose of Gateway is to assist students with career planning and making informed career choices. There is no costs for students on this programme. Gateway is open to Year 12 &13 students.

On the Gateway programme, students will be gaining first-hand experience in a workplace of personal interest as well as working towards a qualification needed in today's job market. They will achieve this by attending a workplace during term time, for one day per week for approximately 10 weeks or less and completing a learning programme of NZQA approved unit standards. Further information can be found on our website <http://www.mrqs.school.nz/ourschool/gateway.aspx>. Also students enrolled have the opportunity to attend school holiday work experience, courses, and various courses during the school term.

### APPLICATION/ENROLMENT & CONSENT FORMS

Completing the application and consent forms attached does not guarantee an automatic placement on Gateway. Once the selection and interview process has been completed, additional placement information will be sent home to parents/caregivers. Students returning unsigned or incomplete forms will not be considered for a Gateway placement.

#### STUDENT INFORMATION: Please print clearly

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student's Mobile Phone: \_\_\_\_\_ Data circle one **yes** sometimes mostly never

List three industries you are interested in working in, e.g. childcare, retail, hospitality.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What are your career goals? \_\_\_\_\_  
 \_\_\_\_\_

Do you have part time work? No Yes (details) \_\_\_\_\_

Do you have a driver's licence? No Yes (circle) Learners / Restricted / Full

Do you have access to a car during the day? No Yes

#### CO-ORDINATOR NOTES:

<u>Application</u>	<u>Numeracy</u>	<u>Literacy</u>
<u>NCEA level 1</u>	<u>NCEA Level 2</u>	<u>Incident report</u>
<u>School Consent form</u>	<u>Employer details</u>	
<u>Assessment completed</u>	<u>Assessment entered</u>	
<u>Comments:</u>		

**PARENT / CAREGIVER INFORMATION**

**Name:** \_\_\_\_\_  
(Mr/Mrs/Ms/Miss/Dr)                      First Name    Last Name

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**STUDENT HEALTH RECORD**

Are there any medical conditions the Gateway Coordinator or Employer should be aware of?

<b>Condition</b>	<b>Medication (if required)</b>
Allergies: _____	Yes/No _____
Asthma: _____	Yes/No _____
Diabetes: _____	Yes/No _____
Epilepsy: _____	Yes/No _____
Migraines: _____	Yes/No _____
Other: _____	_____

**Please ensure that if your child requires any medication, that they carry sufficient supplies at all times.**

Is your child's tetanus up to date? **Yes / No** Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Practice:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**PARENT / CAREGIVER DECLARATION**

- I agree to my child being part of the Gateway Programme.
- I accept responsibility to ensure that my child complies with all conditions of the Gateway Programme
- My child will complete all school assessment requirements.**
- I agree that any uncompleted Gateway courses and assessment costs may be charged to my School Account.**
- I agree to my child receiving emergency medical treatment should the need arise.
- If required, for the purposes of my child's placement, I give permission for my child to travel with a Gateway Staff Member and/or my child's employer. I agree that my child is responsible for organising transport to and from their work placement.
- I agree that any photos taken of my child may be used for Gateway Programme promotional purposes.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Caregiver

**STUDENT DECLARATION**

- I agree to taking part and accept responsibility to comply with all the conditions of the Gateway Programme.
- I will complete all school assessment requirements.**
- Any uncompleted Gateway courses and assessment costs may be charged to my School Account.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student