## **Preschool Residential Course Application Form**



| Personal details  |                           |  |
|---|---------------------------|--|
| Student's first name  |                           |  |
| Student's Last name   |                           |  |
| Date of birth   |                           |  |
| NHI number  |                           |  |
| Gender  | Male Female Other         |  |
| Parent/caregiver name   |                           |  |
| Address   |                           |  |
| Phone number  | Email                     |  |
| AODC  |                           |  |
| Child's ethnic origins  |                           |  |
| lwi your child belongs to   |                           |  |
| Language used (if other, list the language used)  NZSL English Te reo Maori Other |                           |  |
|   |                           |  |
| Attend a course at Ko Taku R  | deo Auckland Christchurch |  |
| Preferred dates<br>(Auckland)   | Second option             |  |
| Preferred dates<br>(Christchurch)   | Second option             |  |
| Attendees (and relationship to  | o child)                  |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
| Audiological Information  |                           |  |

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Please provide latest audiological information e.g. audiogram, audiology report

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Frequency

Other

## **Informed Consent**

## Personal information and privacy

As New Zealand's provider of education services for Deaf and Hard of Hearing children and young people, Ko Taku Reo - Deaf Education New Zealand ("Ko Taku Reo") provides specialist schools, facilities, campuses and related deaf educational services (our Services).

In order to provide your child with our Services, we rely on the collection of personal information submitted by you or with your authority.

This form, together with our Privacy Policy (available online at <a href="https://www.kotakureo.school.nz/about-us/policies/privacy-policy">www.kotakureo.school.nz/about-us/policies/privacy-policy</a>) sets out how we collect, hold, use, and disclose personal information.

## Your rights and our Privacy Officer

Parent / Guardian / Legal caregiver

**Full Name** 

Signature

You and your child have certain rights under the Privacy Act to access and request corrections to your personal information. Our Privacy Policy contains further information on your rights.

If you have any questions or would like further information on our privacy practices, we encourage you to write to our Privacy Officer at <a href="mailto:privacy.officer@kotakureo.school.nz">privacy.officer@kotakureo.school.nz</a>.

If you don't agree to providing your or your child's personal information on the basis set out in this Student Registration form, we will still work with you to provide support for your child's needs within our available Services, but we may be unable to provide you some, or all, of our Services.

| Please tick all that apply:   |
|---|
| I confirm that the information provided on this form is a true and accurate record.   |
| I agree to the collection, storage, and use of personal information provided on this form in accordance with the purposes outlined above.   |
| I give permission for employees of Ko Taku Reo to receive information about my child from the Early Childhood Centre my child is enrolled in, for the purposes outlined above.  |
| I give permission for employees of Ko Taku Reo to act on my behalf in an emergency such as sudden illness or injury to my child.  |
| I give permission for photos and videos of my child, their schoolwork and learning journey to be published on internal and external digital platforms and print publications, including but not limited to: school newsletters, year books, and social media platforms administered by Ko Taku Reo Communications staff. I understand that their name, year level, and school may be included for the purposes of sharing positive news and stories that support the work of Ko Taku Reo. |
| Permission is granted for information gathered on your child to be used by Ko Taku Reo Deaf Education New Zealand for the purposes of assessment and programming. The information may be sought from and shared with other health and education professionals, where it is considered to be in the best interests of the individual concerned.  |
|   |

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| Send reports to:  | Email/postal address   |
|---|--|
| Parent/caregiver  |  |
| Advisor on Deaf Children  |  |
| Resource Teacher of the Deaf  |  |
| First Signs Facilitator   |  |
| Cochlear Implant Habilitationist  |  |
| Preschool Teachers  |  |
| Audiologist   |  |
| Paediatrician   |  |
| ○ GP  |  |
| Other   |  |
|   |  |
| Please arrange for an interpreter to be present  Yes No   |  |
| Please arrange for an interpreter to be   | present Yes No   |
|   | S report, SCIP report, and any other relevant reports  |
|   |  |
| Please attach latest audiogram, IEP/OR  |  |
| Please attach latest audiogram, IEP/OR  NTA form  |  |
| Please attach latest audiogram, IEP/OR  NTA form  Audiogram   |  |
| Please attach latest audiogram, IEP/OR  NTA form  Audiogram  Reports  | S report, SCIP report, and any other relevant reports  |
| Please attach latest audiogram, IEP/OR  NTA form  Audiogram  Reports  | S report, SCIP report, and any other relevant reports  |
| Please attach latest audiogram, IEP/OR  NTA form  Audiogram  Reports  Email application to  | S report, SCIP report, and any other relevant reports  |
| Please attach latest audiogram, IEP/OR  NTA form  Audiogram  Reports  Email application to  Health Considerations  All planned courses are subject to the late or postponed at the last minute, or norm | S report, SCIP report, and any other relevant reports  prc@kotakureo.school.nz  est education and public health advice. This may mean that courses are canceled all procedures are altered. We will be asking screening questions prior to courses g of all families/whānau and staff. If you or your family are not well and unable to ordinator immediately. |

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