



Ambarvale High School

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Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.
Deputy Principal: Ms E Fitzgerald, B. Health Science, Dip.Ed.

NRL School to Work Program Incursion Mentoring

Dear Parent

The NRL School to Work (S2W) Program is designed for year 11 and 12 students to give one-on-one career planning and mentoring, assistance to create a career development pathway, relevant work experience and employment opportunities, resourcing to support and track students 12 months post-school, and the opportunity to participate in cultural activities.

Your child _____ has been chosen to participate in this program.

Where: Ambarvale High School, Common Room

When: 22 November 2019 and 6 December 2019 - Friday week B, Period 1 and 2

What to bring: Pen and ideas for future career or study options

Students will receive ongoing mentoring and support from their Project Officer throughout the program. Students participate in educational, cultural and leadership workshops. They undertake job-readiness training and work experience.

Cost: Nil

Dress Code: Full school uniform

Supervising Teacher/s:

Emergency Care **First Aid Certificate**

Teacher in Charge: Mr A Richards



Emergency Contact Number: 4627 1800

Please complete and sign the permission note attached and provide relevant medical information to the Aboriginal Education Room in A Block by Tuesday, 12 November 2019.

Ms E Fitzgerald
Deputy Principal
8 November 2019

Mr A Richards
Aboriginal Education Coordinator



Incursion Consent
NRL School to Work Program
Years 11-12

I give permission for my child _____ of Year 11, 12 (please circle) to attend the NRL School to Work mentoring/workshop incursion at school on **Friday, Week B 2019-2020**. I understand my child must wear full school uniform. There is no cost for the incursion.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Diet requirements _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent Emergency Contacts:

	Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: _____ Date: _____

Please complete and sign this permission note and provide relevant medical information to the Aboriginal Education Room by Tuesday, 12 November 2019.