



Bicycle Education Centre – School Application

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Section 1 – School Contact Information

Name of School:			
Postal Address:			
Postcode:		School Phone:	
School email:			
Contact 1 – name:		Position:	
Mobile Phone:		E-mail:	
Contact 2 – name:		Position:	
Mobile phone:		E-mail:	

Section 2 – Details of Use

1 st Date of preference	2 nd Date of preference	Grade of students	Number of students	Any special needs/ requirements/requests

Section 3 - Insurance

Is your school insured under the NSW Treasury Managed Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please attach a copy of your certificate of currency	Copy attached <input type="checkbox"/>	

Section 4 – Agreement Form

The duly elected teachers of _____ are asked to:
(School name)

- Read through the content and information from the 'Pre-visit Activity Booklet' before attending the Centre
- Ensure lessons from the booklet are taught to students prior to visit
- Supervise and discipline students at all times during visit
- Participate and assist the instructor(s) as requested throughout the program
- Ensure students bring everything with them that they will need for the day's program
- Ensure students are aware of the behavioural expectations required of themselves
- Be aware of emergency procedures whilst at the facility and provide your own first aid kit

Purchase Order number: _____ (School must supply)

I have read the above information regarding the school's visit, and will ensure that the program progresses satisfactorily. The school agrees abide by all of the conditions of this request.

Name:

Signature:

Date:

For assistance with this form please phone (02) 4645 4443.

Please return the completed form to: Education and Care Services, PO Box 57 Campbelltown 2560 or email to: bec@campbelltown.nsw.gov.au.