

# GIFTED STUDENT PROGRAMS

POPPYSEEDS and SMALL POPPIES

## JANUARY APPLICATION FORM



Gifted Education Research,  
Resource and Information Centre

### SECTION 1: STUDENTS PERSONAL DETAILS

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

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

Date of Birth: \_\_\_\_\_ Yr at School (in 2009): \_\_\_\_\_ Sex:  M  F

Name of Student's School: \_\_\_\_\_

Type of School: (please tick)  Government  Independent  Catholic  
 Home school  Other

Gifted Program attended at School (if applicable): (please tick)  
 Selective  OC or Ability Grouped  Withdrawal classes  
 Subject acceleration  Grade Skipped

Student lives in:  Metropolitan  Regional/rural  Interstate

Have you attended a GERRIC workshop before?  Yes  No

### SECTION 2: PARENT/GUARDIAN CONTACT DETAILS:

1. Name \_\_\_\_\_

Tel: (mobile): \_\_\_\_\_ (work/home): \_\_\_\_\_

2. Name \_\_\_\_\_

Tel: (mobile): \_\_\_\_\_ (work/home): \_\_\_\_\_

Email Address: (Essential) \_\_\_\_\_

Address: (postal) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

### SECTION 3: SELECT YOUR PROGRAM TYPE AND PAYMENT METHOD

I wish to apply for:  
 POPPYSEEDS (Grade P – K) \$145\*  
 SMALL POPPIES (Grade 1 – 2) \$145\*

Fees are GST inclusive.

### PAYMENT METHOD

#### 1. Credit Card:

Payments are to be made on-line only if your child receives a place on a workshop.  
Further information and instructions will be posted to you regarding placement and on-line payment processes. Please ensure that your postal and email addresses are clearly printed to enable us to communicate this information to you.

#### 2. Cheque/Money Order\*:

\*Cheques incur an additional administration fee of \$4.50. ie: \$149.50  
Please write the student's name on the back of the cheque. Separate cheques are required if applying for more than one child. Please staple cheque to this Application Form.

### SECTION 4: SELECT YOUR WORKSHOP PREFERENCES

**Instructions:** Please read the workshop outlines in the brochure and write the names of your workshop choices in order of preference below. Indicate AM or PM session (if applicable).

#### Helpful Tips:

- To assist with securing a placement nominate at least 4 preferences.
- It is important you **only** list workshops you are willing to attend, as no refunds are given for change of mind.
- Remember where there are morning (AM) OR afternoon (PM) sessions to choose from, please indicate in the table in the next column.

Choice	Workshop Title	AM or PM
1st		
2nd		
3rd		
4th		
5th		
6th		

Place student **only** if \_\_\_\_\_ is placed.  
(siblings name only)

### SECTION 5: SPECIAL REQUIREMENTS

(please specify details and attach plans if applicable).

Disability or access requirements: \_\_\_\_\_

Diet: \_\_\_\_\_

Medication: \_\_\_\_\_

Anaphylactic: \* \_\_\_\_\_

Asthmatic: \* \_\_\_\_\_

\*Please provide a personalised anaphylactic/asthma management plan available at [www.allergy.org.au](http://www.allergy.org.au) If these management plans are **not attached**, we will be **unable to place your child** in a workshop.

### SECTION 6: SPONSORSHIP

Please indicate below if you wish to apply for Sponsorship.

- McDonald's Australia Limited Sponsorship
- Lauren Kupic Memorial Sponsorship (January Only)

(To be considered, complete and attach to this form an additional Sponsorship Application Form. <http://gerric.arts.unsw.edu.au/students/brfrm.html>)

### SECTION 7: PARENT/GUARDIAN AUTHORISATION AND RESPONSIBILITY

I have read and agree to the "Terms, Conditions and Refund Policy" and understand the placement process and conditions.

I understand it is my responsibility to make sure the applicant meets the selection criteria.

I give permission for UNSW staff to administer first aid or request an ambulance (at my expense) for my child in the case of a medical emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_

Did you know that we also hold a weekend information course for Parents of gifted students? Please email me more information  Yes

### PLEASE MAIL TO:

GERRIC Student Programs  
The University of New South Wales  
UNSW SYDNEY NSW 2052



### OFFICE USE ONLY

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_

Placement Notes: \_\_\_\_\_