
Code of Conduct and Declaration Form

The purpose of this document is to inform you of our expectations in relation to your behaviour whilst attending the digIT program. It is expected that you will read, understand and agree to follow this code of conduct at all the times.

General behaviour

Whilst participating in this program you are an ambassador for your school and family and you are expected to behave in an exemplary manner at all times. You must not engage in behaviour that may damage the reputation of the Australian Mathematics Trust (AMT) or the digIT Program. You also must not engage in any behaviour that may endanger either yourself or other students or staff.

Rules

You must at all times obey directives and rules set by program staff and Monash University.

Dress code

You are required to be neat and tidy at all times. You may be required to wear personal protective equipment which will be provided.

Drugs

AMT has a zero tolerance policy in relation to the use of illicit drugs. Participants engaged in illicit drug use will be discharged from the program and sent home at their own expense.

Prescription or over the counter medication in appropriate quantities may be carried and self-administered as required. You must advise program staff of any medication you are taking or intend to take.

Alcohol

Alcohol is not to be consumed at any time during the program.

I have read, understood and agree to follow the Code of Conduct.

Student initials

Parent initials



Student declaration

I, _____ have read the letter of invitation and accompanying information about the digIT residential program and wish to accept the invitation.

I agree to:

- adhere to the Code of Conduct
- attend both residential programs from 12 to 16 January 2018 and TBC in the Victorian July school holidays
- actively participate in the mentoring program
- contact the Program Manager if I am experiencing problems with fulfilling my commitment

Student signature: _____

Date _____

Parent/guardian declaration

I/we:

- give permission for _____ to participate in the digIT 2018 program
- understand and agree that my/our child is required to adhere to the rules and instructions of the Program Director and staff, and that neither of the foregoing parties may be held responsible for accidental injury or sickness, nor the consequences thereof, whilst a part of the digIT program
- authorise the Program Director to consent (where it is impracticable to communicate with me/us) to my/our child receiving medical or surgical treatment as may be deemed necessary and that I will meet any costs, which may be incurred with this treatment
- understand transport will be arranged for my/our child from my/our nearest airport, train station or bus depot and understand that we will be required to arrange transport to/from the airport/bus station at times advised by the Program Manager
- understand that my/our child may be required to travel unaccompanied from our local airport/bus station to the set arrival point, as arranged by the Program Manager
- agree to contribute \$200.00 to the digIT program or apply for fee assistance

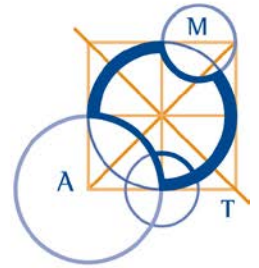
Parent/guardian name and signature _____

Date _____

Parent/guardian name and signature _____

Date _____





Important information

The Australian Mathematics Trust (AMT) complies with the Privacy Act 1988 and the Australian Privacy Principles (APPs) 2014. Any personal, confidential or sensitive information collected from you or your child is treated in accordance with this legislation. More information on our privacy policy is available on the AMT website.

The AMT uses images, multimedia, survey data, testimonials and other participant information from its various activities in a variety of publications. These publications can be print or electronic, public, corporate or acquittal documents. The materials may be used by media outlets.

The information on this form is collected in order to obtain your consent to the publication of your child's image, comments and information. The information collected on this form will be used for the purpose for which you have provided, and we will not disclose it without your consent, unless authorised or required by law.

In signing this form, you are acknowledging:

- You understand that, if your child's personal information (name, school or image), photograph, video, comments and/or voice recording is published on the internet, it will be accessible to millions of users across the world, that it will be indexed by search engines and that it may be copied and used by any web user, that his/her information can be searched for using an identifier such as the school name, and that my child's information can be copied and used by any other person using the internet.
- You understand that, once your child's personal information or comments has been published on the internet, the Australian Mathematics Trust has no control over its subsequent use and disclosure.

My child's details as they are to appear in these printed and/or digital materials, are as follows:

Name of child: _____

Name of child's school/town: _____

School year level: _____

School contact details (for AMT use only): _____

Please note that, if you wish to withdraw your consent at a future date, you should contact the Australian Mathematics Trust at mail@amt.edu.au

Media Consent Form

I (full name of parent/guardian): _____

authorise the Australian Mathematics Trust (AMT) to perform the following in relation to my child

(full name of child): _____

(tick as appropriate)

- take his/her image/photograph/video/voice recording (including still and motion formats) whilst they are participating in AMT events Y N Initials: ____
- use their image/photograph/video/voice recording (including still and motion formats) on our websites including social media pages and in publications promoting the program or organisation Y N Initials: ____
- use their image/photograph/video/voice recording (including still and motion formats) for the purpose of government reporting Y N Initials: ____
- use their image/photograph/video/voice recording (including still and motion formats) for the purpose of media releases Y N Initials: ____
- use their written and verbal comments, feedback and opinions for the purposes of reporting to sponsors and government Y N Initials: ____
- disclose their name, school, state and comments provided on their student profile for the purpose of reporting to the government Y N Initials: ____
- disclose their name, school, state and comments provided on their student profile for the purpose of media releases and promotion of the program Y N Initials: ____

I understand that:

Initials: ____

- the publication(s) may appear on the internet
- the publication(s) may appear in print, electronic, or video media
- the publication(s) may enable readers to identify my child and their school

Full name: _____

Signature: _____ Date: _____

Contact details (for internal use only):

Phone: _____ Email: _____