3.4 Information on Exemptions from Attendance at School for Participation in Accredited Elite Sports Programs

**ACCREDITED ELITE SPORTS PROGRAMS**

Accredited elite sports programs include national and international sports organisations which run camps for athletes and national sports squads that students have been selected to participate in. They also include talent identification programs run by the New South Wales Department of Sport and Recreation. Where programs run for more than 5 school days (1 week), applicants should be provided with an educational program under this section. See the requirements below.

**TUTORS**

- **CHILD PROTECTION:** Tutors must have a Certificate for Self-Employed People to show that they do not have a criminal record which makes them a prohibited person (refer to www.kids.nsw.gov.au).
- Tutors must provide evidence that they hold appropriate teaching qualifications recognised by the Diocesan office (eg Bachelor of Education, Diploma of Teaching/Education).
- The efficiency of tutors and effectiveness of their instruction may be assessed by the investigating officer during visits to the place of employment.

**PERIODS OF INSTRUCTION**

- Sufficient hours of instruction must be provided to ensure that the requirements of the teaching/learning program are being met. In general, there should be a minimum of 2 hours and an average of 4 hours instruction each school day.
- Where possible, disjointed tutoring should be avoided.
- Instruction shall only occur between 7:00 am and 7:00 pm on school days.
- Instruction shall not occur during weekends or school holidays.
- The tutor must ensure that adequate meal and rest breaks are provided during the period of instruction.

**PLACES OF INSTRUCTION**

- A suitable area with adequate lighting, ventilation and space must be provided for instruction.
- Furnishings should be suitable for the purpose of instruction.
- During periods of instruction, this area is to be for the exclusive use of the student or other students away from distraction.

**RECORDS**

- The tutor must complete a register of daily activities. It will include details of:
  - instruction taken from the educational program
  - the days on which instruction occurred
  - the length of the instruction periods.
- The register must be available for inspection when requested by an investigating officer.
- The tutor must evaluate the student's progress regularly and maintain appropriate records.
- All records of the student's study, educational progress and actual work must be provided to the student's school at regular intervals.

*A Certificate of Exemption may be cancelled at any time if the conditions are not being met.*
3.4 Information on Exemptions from Attendance at School for Participation in Accredited Elite Sports Programs

*for more than 10 school days in a 12-month period*

**PART A** (to be completed by parent/caregiver)

**SCHOOL DETAILS**

Name/Suburb .......................................................................................................................... Telephone No ..................................

**STUDENT DETAILS**

Family name ......................................................................................................................... Given name(s) .....................................

Address ................................................................................................................................ Postcode .................................

Date of birth .............................................................. Age ...................... Student no .................

**APPLICATION FOR EXEMPTION**

Dates of exemption applied for .... / .... / .... to .... / .... / .... Number of school days .......... (if in a block)

Individual dates applied for .... / .... / .... .... / .... / .... .... / .... / .... .... / .... / .... .... / .... / .... No of school days ..........

Name of accredited elite sports program ..................................................................................

**Reason for Application for Exemption**

Training for elite sport □ Elite sport event or tour □

Please provide details about the reason for the Application for Exemption

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**DETAILS OF PRIOR/CURRENT EXEMPTIONS**

Date of exemption from: ____ / ____ / ____ to ____ / ____ / ____ Number of school days .................

Is copy of prior/current Certificate of Exemption attached? Yes □ No □

A schedule of training or tour/event itinerary from the sporting body (e.g. Australian Institute of Sport) must be attached with contact name and telephone numbers.
**PARENT/CAREGIVER DETAILS AND SIGNATURE**

Family name .......................................................................................................................... Given name(s) ..................................................................................................................

Address .................................................................................................................................................. Postcode .............................

Contact telephone ................................................................................................................................. Relationship to student ............................

**DECLARATION/SIGNATURE**

As the parent or caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School, under the Education Act 1990.

I understand that if the exemption is granted:
- I am responsible for his/her supervision during the period of exemption
- the exemption is limited to the period indicated
- the exemption is subject to the conditions listed on the Certificate of Exemption
- the exemption may be cancelled at any time.

I declare that information provided in this Application for a Certificate of Exemption is to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of applicant/s ……………………………………………………………………………………… Date: ……………………………………

*Once you have completed and signed Part A please return this form to the principal.*

**PRIVACY STATEMENT**

The information that you provide will be used to process the student’s application for an exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:
- General student administration relating to the education and welfare of the student
- Communication with students and parents
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and national reporting purposes
- For any other purpose required by law.

The information will be stored securely.

You may access or correct any personal information by contacting the school.

If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.
PART B (to be completed by the principal)

**PRINCIPAL’S DETAILS**

Name .......................................................................................................................... Contact telephone ............................................

Email Address .................................................................................................................................. Fax ........................................

**PRINCIPAL’S RECOMMENDATION**

The tutor has consulted the school in the planning and development of this student’s education program

Yes ☐ No ☐

I recommend that a Certificate of Exemption be granted ☐ not granted ☐ to

(Name of student) ................................................................................................................................................

Dates of exemption applied for .... / .... / .... to .... / .... / .... Number of school days .......

**Comments**

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Principal’s signature .......................................................... Date ........................................

Where the exemption period requested EXCEEDS 50 SCHOOL DAYS in a 12-month period, Parts A, B and C are to be forwarded to the investigating officer nominated by the Diocese, who will make a recommendation to NSWCEC.
PART C (to be completed by the investigating officer nominated by the Diocese)

**INVESTIGATING OFFICER’S DETAILS**

Name ........................................................................................................ Position .................................................................

Contact telephone ........................................................................ Fax ........................................................................

Email Address ........................................................................................................................... ................................

**RECOMMENDATION**

Following consideration of this application, I am satisfied that conditions exist □ do not exist □ to make it necessary and/or desirable for

(Name of student) ................................................................................................................ to be exempt from attendance at school.

I recommend that a Certificate of Exemption be granted □ declined □.

Reasons for recommendation NOT TO grant a Certificate of Exemption

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Suggested CONDITIONS applying to the recommendation to grant a Certificate of Exemption

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Investigating Officer’s signature .............................................................. Date ........................................
PART D

**MINISTER’S RECOMMENDATION (to be completed by the delegate)**

Following consideration of this application, I am satisfied □ not satisfied □ that conditions exist that make it necessary and/or desirable for

(Name of student) ................................................................. to be exempt from attendance at school.

**DELEGATE’S DETAILS**

Name ..................................................................... Position .............................................................

Contact telephone ................................................................ Fax ...........................................................

Email Address ................................................................................................................... ................................

Delegate’s signature  ................................................................. Date ..................................................

Date applicant notified .................................................................

*Principal completes Certificate of Exemption from Attendance at School if exemption is granted.*