GYMPIE WEST STATE SCHOOL

41 Cartwright Rd, GYMPIE, QLD, 4570

Tel: (07) 5489 8200 Fax: (07) 5489 8288
Email: admin@gympiewestss.eq.edu.au

Only the best for Gympie West...

STRING Workshop 2025

Dear Parents/Guardians,

All string students across our local Gympie State Primary Schools are once again combining to provide the string students with workshop opportunities to extend and develop individual student's instrument playing in an ensemble setting. The Gympie Region music levy paid at the start of the year covers all costs for the workshop, so there is no cost to students. Teaching staff will be the String Specialists Candice Patrick and Carmen Smith.

There are three days available: students are invited to attend **only one day** of the three days offered.

Beginner Workshop
1st Year Learners
WHEN: Monday 8th September

Intermediate Workshop
2nd Year Learners
WHEN: Tuesday 9th September

Advanced Workshop
3rd and 4th year learners
WHEN: Wednesday 10th September

WHERE: Gympie South State School Hall (entry via swimming pool car park)
TIME: 8am drop off, start 8.30am. Finishing at 2.30pm
CONCERT: 2.00pm each afternoon - Parents/Carers all welcome
TRANSPORT: Student transport to and from Gympie South School is to be arranged by parents.
WEAR: School uniform, student will require a HAT for outside playtime please
SUPERVISION: instrumental music teacher – Carmen Smith
BEHAVIOUR: All students must follow our School Student Code of Conduct
WHAT TO BRING: Instrument and accessories, music stand, spare strings, a pencil and eraser
LUNCH AND SNACKS: Each child must bring their own morning tea, lunch and drink bottle
NO TUCKSHOP is available.
MEDICATION: If your child requires medication on the day they attend a workshop, please ensure that the appropriate forms, have been completed at the Gympie West school office before your child attends.

Thank you for your ongoing support in the Gympie Area Instrumental String Program. If you wish for your child/student to participate in the excursion, please complete this consent form and return all pages (including this page) to the office, by Monday 1st September.

For further information about the excursion, please contact Carmen Smith on the email provided below.

Yours sincerely,

Carmen Smith

Carmen Smith
Instrumental Music Teacher – Strings
csmit944@eq.edu.au

Alana Scott
Principal

Activity: Combined Schools String Workshop 2025

Privacy Statement
The Department of Education is collecting the personal information in this form in order to:
- *obtain consent for the named child/student to participate in the named off-site activity;*
- *help coordinate the off-site activity;*
- *respond to any injury or medical condition that may arise during or as a result of the off-site activity; and*
- *update school records where necessary.*

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, _____ to participate in the String workshops (please select date below):
  - Monday 2nd September - Advanced
  - Tuesday 3rd September - Intermediate
  - Wednesday 4th September – Beginner
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the excursion described in the form.

_____

_____

_____

You may also wish to update/provide the following optional information:

Name of child/student's medical practitioner: _____ Telephone No.: _____
Medicare No.: _____
Private Health Insurance Company (if applicable): _____ Membership No.:_____