

**Office Address:** *7 Macquarie Place*

*Boronia Vic 3155*

**Telephone:** *9720 6200*

Dear Parent/Guardian, 2020

On \_\_\_\_\_\_\_\_\_ we will be filming as part of our Year 2 elective group filming project.

The aim of the activity is to fulfil competency in the elective units of competency for the 22307VIC Certificate III in Acting (Screen).

**Activity Details:**

The scripts have been checked by the teachers and contain no offensive material or any high risk activities. Therefore the inherent risk level of the activity is LOW.

The students will be NOT be using any hazardous materials or weapons.

This activity is a self-motivated, independent exercise but all aspects of the script and filming are checked by their teacher for any potential hazards and will apply control measures including requesting a qualified safety person.

Suitable clothing must be worn, appropriate to the weather of the day and any precautions must be taken e.g. sunscreen, water bottles, wet weather clothing.

Medical requirements of the auditioned cast and crew with for example conditions such as diabetes, asthma, allergies or anaphylaxis must be obtained. This information must be treated with confidentiality. Students from the college have already supplied an indemnity form at the beginning of the year to cover this activity, School locations, external or internal must have a permission form signed by the VET Coordinator and/or Principal. Please find the form in Student Resources.

For further information, please contact Merilyn Brend on 0413 445 744

*Yours sincerely,*

*Students of the Year 2 elective filming group*

*Merilyn Brend Robinson, CEO and Principal teacher*

**Consent**

By signing this form (below) I agree that:

I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the filming activity and/or in using my house.

In the event of an accident or illness, the necessary adult(s) may obtain or administer any medical assistance or treatment that my child may reasonably require.

Medical conditions: YES: NO: Please circle

Parent/Guardian Name and signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**You may also wish to provide the following information:**

Name of child’s medical practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_