



EXCURSION NOTE

Excursion:	Responsible Service of Alcohol Training for Year 12 Hospitality		Maximum # of students:	30
Subject / Purpose:	Trained assessors from William Angliss Institute will conduct the training and assessment of this course at Glenwood High School so that students gain their RSA certification.		Grade:	Year 12 Hospitality
Venue:	Glenwood High School	Date:	Thursday 22 nd August, 2019	
Starting time:	9am	Finish time:	3pm	
Students will depart from:	n/a	Students will return to:	n/a	
Travel/transport will be by:	n/a			
Dress requirements:	Full school uniform			
Cost: NON-refundable	\$140	Payment due by:	Friday 28 th June, 2019	
Supervising teacher/s:	Mrs Hughes			

Dear Parent/Carer,

An excursion has been organised to support the following work being completed at school:

Students will be trained by an experienced assessor from the William Angliss Institute on the Responsible Service of Alcohol. The course will include understanding the strategies for responsible service, harm minimization and duty of care in regards to the service of alcohol in the Hospitality Industry. The cost of the course includes the RSA certificate which is valid for 5 years.

Please note that there may be a maximum number of students who may attend this event (see above). The signed permission note must be returned to the front office with the correct money. We are unable to provide students with change. We strongly encourage your child to attend this activity, as it will be a positive and valuable learning experience.

Sonja Anderson
Principal
Date:

Rebecca Powell
Head Teacher Home Economics

YEAR 12 INCURSION FOR RSA TRAINING PERMISSION NOTE / MEDICAL INFORMATION

I do / do not consent to my child _____ participating in an excursion to

RSA Training _____ on **Thursday, 22nd August 2019**

I understand and agree to the requirements and arrangements as stated on the excursion note.

Special needs, allergies or medical condition/s that the school should be aware of:

Has the school been provided with an individual health plan or emergency response plan for this condition? **YES / NO**

I give / do not give permission for my child to receive medical treatment in case of emergency.

Medicare No:

Expiry Date:

Card Reference No:

Parent/carer's signature:

Date:

Parent/carer's email:

Phone number:

Payment Method

() Cash () Cheque () Online payment

Online payment must be made at least 3 days before payment due date

Online payment receipt no.:

Date: ____ / ____ / ____

Online Payment Instructions:- Make a payment on GHS website

In the *Payments* option section, check *excursion* and enter payment description as: **YR 12 Hospitality RSA Course** note the **last day for online payments** will be **Friday 28th June**, before 6pm.

Payments after this date must be by cash/cheque/EFTPOS directly to the front office to ensure your child's place.
Please hand in permission note with online receipt number to the front office.