

16 February 2024

Dear Parents

FUSION PROGRAM – CENTACARE

Walcha Central School and Centacare New England North West will be running a Fusion program, starting Wednesday 28 February, during Period 2 for students in Year 7.

The Fusion program has been delivered in schools with positive outcomes.

The program is aimed at:

- Friendships
- Increasing self-esteem
- Enhancing communication skills
- Improving awareness of well-being
- Becoming more creative
- Reflecting on how to best face a challenging task or tackle a difficult problem

Fusion is a free 5-week program which covers the topics of:

1. The Importance and Respect of Friendship
2. Self-Worth and Positive Attitude
3. Feelings and Learning How to Journal
4. Goal Setting
5. Problem Solving

For your child to be a part of this opportunity for skills development, please complete the attached Request for Service form from Centacare.

If this form is not completed, your child will unfortunately not be allowed to participate.

If you have any questions about the Resilient Kids program, please don't hesitate to contact the school on 6777 2777.

Your sincerely

Emma Ireland
HEAD TEACHER

Amanda Cooper
PRINCIPAL

AGENCY Form: Request for Service / DSS Data Collection – Schools (RSRP)

CHILD / YOUNG PERSONS INFORMATION:		Client No: _____	
Surname:	First Name:	D.O.B:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Postcode:	
Home Phone:		Mobile:	
Country of Birth:			
Does the child/young person identify as Aboriginal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child/young person identify as Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do they require an ATSI Liaison Officer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child/young person identify as being from a Cultural Linguistically Diverse background?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do they require a CALD Liaison Officer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Main language spoken at home:			
Does the child/young person have any one or more of the following impairments?			
<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Speech <input type="checkbox"/> Physical/Diverse <input type="checkbox"/> None			
If Yes, please provide details:			
Are any of your children under the care of the Minister? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any allergies or dietary requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:			
Parent/Caregiver Information:			
Surname:	First Name:	D.O.B:	
Address:		Postcode:	
Home Phone:		Mobile:	
Relationship to child/young person:			
Do you identify as Aboriginal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you require an ATSI Liaison Officer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as being from a Cultural Linguistically Diverse background?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you require a CALD Liaison Officer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the parent/ caregiver have any one or more of the following impairments?			
<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory <input type="checkbox"/> Speech <input type="checkbox"/> Physical/Diverse <input type="checkbox"/> None			
Current Court Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No		Current AVO: <input type="checkbox"/> Yes <input type="checkbox"/> No	