



Do you have an previous experience working with young people on the spectrum?	

**Availability:**

Days/Times Available:	

**Professional Learning Experience Agreement:**

I understand that while participating in this experience:

- I must have valid Teacher Registration or a current Blue Card for Working Safely with Children.
- I am primarily there to observe and learn more about the operations of The Sycamore School.
- The student's well-being and safety are the chief consideration in every situation.
- I must refer all student concerns or behaviour issues to the supervising teacher/staff member
- I must Wear the Visitors Badge and enclosed shoes at all times;
- Abide by the school's Privacy Policy and keep confidential any personal or sensitive information of which the volunteer becomes aware through involvement with The Sycamore School. This includes information about a child's educational progress.

**CONFIDENTIALITY AGREEMENT:** At some time during your time at **THE SYCAMORE SCHOOL**, you will have access to certain information which must be treated as confidential, especially where it concerns the personal affairs of individuals and young people. For the period of your visit or at any time thereafter, you are not to disclose to any unauthorised person confidential information as stated above, unless it is part of staff official duty or as required by law. Should you have doubts about what is considered confidential information or a breach of trust, you should seek advice from the Principal.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Details:**

<input type="checkbox"/> Invoice:	Please email an invoice to: _____
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OR

<input type="checkbox"/> Credit Card	Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
	Cardholder Name: _____ Card Holder Signature: _____
	Card Number: _____
	Expiration Month/ Year: ____ / ____ Security Code: _____