



# YEAR 6 BRIGHT SPARKS PROGRAM



24<sup>th</sup> October, 2022

Dear Parents and Carers,

As part of our transition program to help support the Year 6 students be prepared for secondary school, we are participating in a community program offered by the Mornington Council Youth Centre. This program is run over three weeks and is broken up into both incursions and an excursion.

<b>Date</b>	<b>Time 50min sessions</b>	<b>Location</b>
Monday 7 <sup>th</sup> Nov (Week 6) Incursion	8:45 am: 6OT 9:25 am: 6L 10:55 am: 6J	School Classrooms
Monday 14 <sup>th</sup> Nov (Week 7) Excursion	Leave school on bus at 9.00 am sharp 3 x 50 min sessions Arrive back at school 12:45 pm	'The Corner' - Mornington Youth Centre Wilson's Rd Mornington
Monday 21 <sup>st</sup> Nov (Week 8) Incursion	8:45 am: 6OT 9:25 am: 6L 10:55 am: 6J	School Classrooms

**No devices of any description are permitted on the excursion.**

**Aim:**

- Bright Sparks support young people in Year 6 to become more resilient, healthy, connected and adaptable to the many changes happening in their lives during this time of transition.
- Bright Sparks addresses 3 areas of wellbeing which are: social isolation, resilience and dealing with change.

**Objectives:**

- Opportunity to myth-bust, discuss issues, feelings and thoughts about going onto secondary school and becoming an adolescent.
- Develop skills and strategies to help build resilience and how to deal with change.
- Increase knowledge on healthy habits to increase wellbeing in young people.
- Increase knowledge about Youth Services and create a fun and approachable relationship between MPYS youth workers and students.

**Outcomes:**

- Young people will feel more connected to friends, school and community.
- Young people will feel more resilient and able to deal with changes happening in their lives.
- Young people will know about Mornington Peninsula Shire's Youth Services and how to access support if they need it.
- Young people will have more knowledge on healthy habits and taking care of themselves.

**DET GUIDELINES**

**Student Behaviour'**

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

**Student Illness**

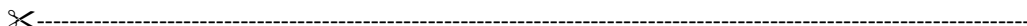
'I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any costs associated with his/her return will be my responsibility.'

**Cancellations or alterations**

'I understand that the Principal may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the Principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.'

**Student accident insurance and ambulance cover**

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.



**Year 6 Bright Sparks Program**

**'The Corner' Mornington Youth Centre – Excursion.  
Monday, 14<sup>th</sup> November, 2022**



**Please return by Monday, 7<sup>th</sup> November, 2022 (No late forms or payments can be accepted)**

I give permission for my child ..... of Grade ..... to attend the 'The Corner', Mornington Youth Centre – Monday, 14<sup>th</sup> November, 2022.

I have paid the incursion/excursion levy.

I have enclosed \$10.00 cash

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusion and/or anesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Parent's/ Guardian's Name: ..... Date: .....

Parent's/Guardian's Signature: ..... Phone No. : .....

**Medical Condition details:**

Please tick if your child suffers with the following Medical Conditions:-

Asthma  Allergies (please specify) .....

Other .....