

ENR01T Student Enrolment Form

Non-accredited Training



Version date: 18/07/2017

Please tell us about yourself

Family name _____ First name _____ Middle name/s _____

QATC Student number (if known) Date of birth (DD/MM/YYYY) _____

Gender Male Female Title Mr Mrs Ms Miss Other --> if other, please specify _____

By listing your email address on this form, you consent to us giving you information to you by way of electronic communication.

Email _____

Home phone _____ Mobile _____

Residential address This must be a residential address, not a PO Box _____ Postal address We will send mail here _____

Town/suburb		State		Town/suburb		State	
Postcode		Country		Postcode		Country	

Emergency contact 1 _____ Phone _____ Emergency contact 2 _____ Phone _____

(Parent/guardian details must be completed if you are under 18)

Parent/guardian name _____ Relationship to you _____ Phone _____

Tick any SUPPORT requirements you may have whilst you are studying with us Please also attach an ENR06 Support needs form with this enrolment form

Special dietary needs Religious / cultural requirements Learning difficulties Disability / illness Language, literacy / numeracy Other

Can we use your photo/name/video footage of you etc. in our promotions?

Yes, I authorise No, I don't authorise QATC and its agents to make use of photographs, videos and original materials (including my name) produced by QATC, in any medium, without limitation or reservation.

Who we tell about your study results/attendance?

Parent/guardian? Yes No Your employer? Yes No Your school? Yes No

How did you find out about this course?

Careers market / adviser Magazine QATC website School visit Word of mouth Newspaper Social media Radio / TV

Enrolment details

Course name TASTE - THE AGRICULTURAL SKILLS & TECHNOLOGY EXPERIENCE

Start date 3/12/2017 End date of study 08/12/2017 Delivery mode I Class group 172ETAS1B

	Unit code	Unit name	Postcode	Location	Provider	Instructor	Inv amt
1	TASTBCS	BASIC CATTLE SKILLS	4720	Emerald	Emerald		
2	TASTBFO	BASIC 4X4 OPERATION	4720	Emerald	Emerald		
3	TASTBFS	BASIC FARM SKILLS	4730	Longreach	Longreach		
4	TASTBHS	BASIC HORSE SKILLS	4730	Longreach	Longreach		
5	TASTBMR	BASIC MOTORCYCLE RIDING	4720	Emerald	Emerald		

If there are any more units, please attach a separate page

Office use

Co-ordination location Emerald	Cost centre EMET3001
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Fees

The Non-Accredited Training (NAT) Fee is: \$500.00 The non-refundable deposit (if any) is: \$ _____ The GST amount is \$ _____

Important notes about this fees disclosure: This is a disclosure of your fees; a tax invoice will be issued to you separately. The non-refundable deposit (if any) is deducted from your invoice for fees. Prior to enrolling, you should read the relevant QATC Fees Policy – Non-accredited training (NAT), available on our website www.qatc.edu.au for details about payment terms, payment methods, deposits, refunds, how changing enrolment will affect your fees. If you choose to apply for a place in residential accommodation, then residential accommodation fees will be disclosed separately on your residential accommodation agreement application form.

Who is going to be invoiced by QATC for this enrolment ('the Fee Payer')?

Individual / company / business name _____ Contact name _____

Relationship to student I am the student Parent/guardian Employer Co-Provider Other -->

Address _____ Town / suburb _____ State _____

Postcode _____ Phone _____ Fax _____

By listing your email address on this form, you consent to us giving you information to you by way of electronic communication.

Email _____

ABN Registered for GST? Yes No

Payment methods

Important notes: You should read *Fees Policies – Payment Methods* (available on our website www.qatc.edu.au) for details about payment methods. Payment plans are available to approved students who reside in Australia, who meet our financial capability requirements, whose total fees are more than \$500 and who are enrolling in a Certificate II, III, IV level course or in a Diploma/Advanced Diploma course where VET Student Loans are not available. Students on approved payment plans can make payments by either Direct Debit and/or CentrePay. If you wish to apply for a payment plan, you need to read *Fees Policy – Payment plans* before submitting an application form.

How do you intend to pay your fees?

Cheque / money order Direct deposit Credit card BPay I wish to apply for a payment plan

How do you intend to pay your deposit?

(Only applicable if there is a non-refundable deposit listed above)

Cheque / money order Direct deposit Credit card BPay

Signatures

By signing below at 'Fee Payer signature', I make the following declaration: 1. The details listed herein are correct. 2. I am over 18 years of age. 3. Where signing for a business/company, I have the appropriate delegation to sign on its behalf and references to 'I' are references to the business/company. 4. I have read and understand the relevant QATC Fees Policies, QATC Refund Policy and the fees disclosures both in this document and in the schedule of incidental fees. 5. I accept responsibility for payment of the total amount of all fees payable to QATC in relation to this enrolment.

Fee Payer signature:

Name

Date

By signing below at 'Student signature' and/or 'parent/guardian signature', I/we make the following declaration/s: 1. The details listed herein are correct. 2. If signing as parent/guardian, I confirm that I am the legal parent/guardian of the student named on this form. 3. I consent to being/my child being enrolled for study at QATC. 4. I have read and understand the disclosures made on the website relating to QATC rules, policies and procedures and agree to abide by same. 5. I confirm that facilities provided for my use/my child's use will only be used by me/my child, in accordance with the principles of proper use and the relevant rules. 6. I have read and understand the relevant QATC Fees Policies, QATC Refund Policy and fees disclosures both in this document and in the schedule of incidental fees. 7. If I am over the age of 18 when this enrolment form is signed, then I am jointly and severally liable with the Fee Payer for any and all fees payable for this enrolment.

Student signature:

Name

Date

Parent/guardian signature:

Name

Date

Privacy statement & Statement about electronic signature QATC is collecting the information on this form for the purposes of processing your enrolment at QATC. Your personal information collected on this form may be disclosed to third parties with your consent or as permitted or required under a law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed, or have a concern about the way your personal information has been collected, used, stored, or disclosed, please contact QATC. For those students who require assistance in reading and understanding this Privacy Statement, QATC's customer service staff will be able to help you. In accordance with the provisions of the *Electronic Transactions Act 1999 (Cth)* and the *Electronic Transactions Act 2001 (Qld)*, we consent to receiving your signature on this disclosure statement electronically.

AC603T Student medical information and consent



Location:		
<input type="checkbox"/> Longreach Pastoral College	<input type="checkbox"/> Emerald Agricultural College	<input type="checkbox"/> LPC & EAC

STUDENT DETAILS			
SURNAME:		GIVEN NAME/S:	
DATE OF BIRTH:	/	/	

EMERGENCY CONTACTS						
NAME:					RELATIONSHIP:	
PHONE NUMBERS:	Home		Work		Mobile	
NAME:					RELATIONSHIP:	
PHONE NUMBERS:	Home		Work		Mobile	

HEALTH INSURANCE DETAILS			
INSURANCE COMPANY:			
TYPE OF COVER:		POLICY NUMBER:	
MEDICARE NUMBER:			
EXPIRY DATE:		POSITION ON CARD:	

MEDICAL HISTORY	
ALLEGRIES AND REACTIONS:	<i>Please list details and dates</i>
SURGICAL AND MEDICAL PROCEDURES:	<i>Please list details and dates</i>
<i>Including fractures/broken bones, removal of moles and warts etc, operations, major illnesses and hospitalisation.</i>	
IMMUNISATIONS:	<i>Note – It is not mandatory for students to be immunised however it is recommended</i>
Up to date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Declaration. QATC is collecting the information on this form for the purpose of providing health care to students. Only authorised QATC Officers have access to this information. No further access to your information will be provided to any other person or organisation, without your consent or, unless authorized or required by law, in accordance with the Information Privacy Principles contained in the State of Queensland's Information Standard 42.

IRREGULARITIES:			If yes, please provide details below								
	Y	N		Y	N		Y	N		Y	N
Sight			Hearing			Heart			Glandular Fever		
Lungs			Measles			Mumps			Ross River Fever		
Diabetes			Epilepsy			Hay Fever			Dengue Fever		
Kidneys			Asthma			Sinus			Chicken Pox		
Details:											

CURRENT TREATMENT	
Are you currently receiving or recently received ongoing care other than for minor ailments?	
Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, to any of the above please provide details, including medication type, dose and frequency.	
<i>For those students who are active sports people and suffer from muscular related injuries, please be advised that QATC does not provide strapping, sporting bands or supports e.g. knee guards etc.</i>	

MEDICAL CONSENT	
GENERAL TREATMENT:	I authorise QATC First Aid Officers to assess myself/the student and where necessary organise follow up care. This will include making medical appointments or other appointments as necessary. I understand that for students under 16 years of age, where possible, consent will be sought prior to the event.
	Yes No
MEDICATIONS:	I authorise QATC staff to administer 'over the counter' (S2 and S3) medications in small doses (i.e. 1 or 2 tablets/capsules at a time) for the relief of minor ailments (e.g. headache, cold and flu, allergies like hay fever) if required.
	Yes No
RELEASE OF INFORMATION:	I authorise QATC staff to discuss my injury/illness/results with the treating medical professional (e.g. doctor, physiotherapist and chiropractor). I understand this consent is required to assist with the student's work/training schedule. All information will be treated as confidential and will remain with QATC.
	Yes No
EMERGENCY TREATMENT:	I authorise QATC to act/sign on my behalf in authorising anaesthetics and any other medical treatment, should this be necessary in the case of emergencies.
	Yes No

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MEDICAL DECLARATION	
Do you have any psychological and/or physical condition/s which could influence the health and safety of yourself or those around you in classroom, farm work, recreational, dining or residential situations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Parent/Guardian</i>	<i>Date</i>
<i>Student</i>	<i>Date</i>

Privacy Declaration. QATC is collecting the information on this form for the purpose of providing health care to students. Only authorised QATC Officers have access to this information. No further access to your information will be provided to any other person or organisation, without your consent or, unless authorized or required by law, in accordance with the Information Privacy Principles contained in the State of Queensland's Information Standard 42.

ENR06T Support Needs Form

v3.1 Version date: 16/10/2017



Student details:

Family name*	First name*	Middle name/s*

Tell us about your support requirements:

List specific dietary requirements (in case we supply any meals during training):

e.g. "I am a coeliac" or "I am diabetic" or "I have a peanut allergy" or "I can't eat pork for religious reasons" etc.

Do you carry an epi-pen?

No Yes

How can we support your religious / cultural needs while you are training?

e.g. "can I please stop at morning tea time to pray" or "I use the name 'Paul' because my birth name is the same as a deceased person in my family" etc.

How can we support your special learning needs while you are training?

e.g. "can I please work out a signal to give my instructor to let them know I don't understand something so that they can re-word what they have said" etc.

How can we support you with regard to your disability / illness while you are training?

e.g. "I recently had pneumonia. Can I please limit the time I spend in the cold room today" or "I have an anxiety disorder. Can I please sit near the door" etc.

How can we support you with literacy and numeracy needs while you are training?

e.g. "English is my second language. Can you please explain any slang words" etc.

Please advise how else you need support and what practical things we could do that may help:

Management plan (to be completed by Queensland Agricultural Training Colleges / Co-Provider at time of enrolment)

Developed by:

Instructor E&T Manager Training co-ordinator Student services manager Other -->

Details of plan to support special needs (attach another page if necessary):

To help manage your special needs, a photocopy of THIS SIDE ONLY of this form will be provided to the following relevant KEY PEOPLE:

Instructor/s Kitchen/domestic staff Customer service staff Student Parent/guardian Employer School Other -->

PRIVACY STATEMENT: QATC is collecting the information on this form (ENR06) for the purpose of assessing and managing your needs. Your personal information from this form will be disseminated to the key staff ticked above. Personal information collected on this form may also be disclosed to third parties with your consent or as permitted or required under a law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed, or have a concern about the way your personal information has been collected, used, stored, or disclosed, please contact QATC. For those students who require assistance in reading and understanding this Privacy Statement, QATC's customer service staff will be able to help you.

Signatures

By signing below, I declare that the information above is true and accurate and I consent to the management plan outlined above. I consent to my private information being disseminated as outlined on this form. I understand that QATC will try to accommodate my support needs, including making reasonable adjustments, but may be unable to award a competency if I am unable to demonstrate prescribed outcomes in accredited units, as listed in the training package available at www.training.gov.au.

Student signature: _____ Date _____

Parent/guardian signature: _____ Date _____

QATC / Co-provider representative signature: _____ Date _____

QATC Horse Riding Participant Risk Acknowledgement Form

Full Name:			
Address:			
Town:			
Postcode:		Date of Birth:	

Are you under 18 years of age? **Yes** **No**

➤ *If yes, your Parent/Guardian is also required to confirm agreement to participate in horse activities.*

Participation in practical horse activities

I, the undersigned, understand, acknowledge and accept that:

1. There is a significant risk that serious INJURY or DEATH may result from horse accidents. The risk is increased if the horse is hurt or frightened.
2. There is a risk that I may contract a zoonotic disease (eg. Hendra) when working with horses.
3. I must wear protective clothing and equipment as determined by the organisation and Instructor, at all times during horse-related practical activities.
4. I must not drink alcohol or take drugs prohibited by law before or during any horse activity.
5. I must not carry or use a mobile phone or any other electronic device during any horse activity
6. I must inform the Instructor if I am taking medication or have an injury that may impair my ability to safely participate in a horse activity.
7. I must follow all directions of the Instructor. I understand that I will be removed from the activity immediately; NO MATTER where that may occur and not permitted to return if I fail to follow directions from the Instructor.
8. Any failure to follow these rules increases the risk of injury, death or permanent disability.
9. My enrolment will be cancelled if I fail to follow directions from the Instructor.

I have read and understood this Acknowledgement of Risk form and agree to its conditions.

Signature:		Date:	
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This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse activities.

Name of Parent/Guardian:			
Signature:		Date:	

AC930T Application for Accommodation - TASTE



Location:		
<input type="checkbox"/> Longreach Pastoral College	<input type="checkbox"/> Emerald Agricultural College	<input type="checkbox"/> LPC & EAC

STUDENT DETAILS				
SURNAME:			GIVEN NAME/S:	
RESIDENTIAL ADDRESS				
POSTAL ADDRESS				
EMAIL ADDRESS				
PHONE - LANDLINE				
MOBILE PHONE				
DATE OF BIRTH:	/	/	AGE	___ years and ___ months
PERIOD OF STAY	June/July	September	December	

PARENTS DETAILS						
NAME:						MOTHER
ADDRESS:						
EMAIL ADDRESS						
PHONE NUMBERS:	Home		Work		Mobile	
FATHER						
NAME:						FATHER
ADDRESS:						
EMAIL ADDRESS						
PHONE NUMBERS:	Home		Work		Mobile	

GUARDIAN DETAILS (if applicable)						
NAME:						
ADDRESS:						
EMAIL ADDRESS						
PHONE NUMBERS:	Home		Work		Mobile	

APPLICANT'S INTENDED COURSE OF STUDY	
COLLEGE	Both
PROGRAM	TASTE program

IMPORTANT STATEMENT TO BE READ IF APPLICANT IS UNDER 16 YEARS OF AGE
I understand that my child will be residing with students over the age of 16 years old while at the Residential College. I accept that this exposure to older students may place my child at risk.

I acknowledge and understand that students residing in the college are required to comply with the Residential Application Terms and Conditions at Attachment A, which includes requirements in regard to their conduct, consumption of drugs and alcohol, and engagement in sexual relationships.

I have read and understand the Residential Student Handbook and I understand the consequences of any breach of the Residential Student Handbook by my child.

I also understand that Queensland Agricultural Training Colleges have policies and practices in place in relation to under age alcohol consumption, illicit drugs, smoking and sexual relationships.

I acknowledge that the Queensland Agricultural Training Colleges is in no way responsible for any loss, harm, damage, accident, injury or adverse impact incurred by my child caused by a breach of the terms of this contract, the Residential Student Handbook or the policies and procedures by my child.

I understand that students are expected to comply with the Residential Student Handbook when off campus. I do not hold Queensland Agricultural Training Colleges responsible for any loss, harm, damage, accident, injury or other impact incurred by my child when they are on approved leave from the college.

Parent / Guardian Name

Signature

Date

STATEMENT BY APPLICANT

I accept the Application for Accommodation Terms and Conditions at Attachment A.

Parent / Guardian Name

Signature

Date

Student Name

Signature

Date

Attachment A – Terms and Conditions

1. Eligibility

- 1.1. A resident must be enrolled as a student of Queensland Agricultural Training Colleges to be eligible for a residential. A resident must be 16 years of age or older, unless authorised by the College Director, at the commence date of the contract period. Other guests and visitors who fall outside of this criteria may be considered at the discretion of the College Director. The College Director, or their nominee, has the right to refuse eligibility if, in their estimation, the residential environment offered does not meet the needs of that individual.

2. Contract Period

- 2.1. A contract period is for the PERIOD OF STAY requested on the application form excluding any designated holiday periods.

3. Allocation of Accommodation

- 3.1. Allocation of rooms is undertaken by the Manager Student Services in accordance with the policies and procedures of the College. A resident can be required to move to an alternative room at the direction of the Manager Student Services.
- 3.2. Rooms are licensed for single occupancy only.

4. Authority within the College Residence

- 4.1. The College has overall responsibility for the Residence.
- 4.2. The Manager Student Services has responsibility for the management of, and conduct within, the Residence.
- 4.3. Resident staff are appointed for the management of, and conduct within, the College Residence and as such should be considered agents of the Manager Student Services.
- 4.4. Residents must comply with a direction given by the College Director, Manager Student Services and Resident Staff or authorised contractors such as Security Officers. Failure to do so will be deemed as a breach of the conditions of residency (clause 18).

5. Conduct within the College Residence

- 5.1. Residents shall not cause nor permit the premises to be used or occupied in any way or for any purpose which might cause annoyance to any persons on the premises, or indulge in any illegal, riotous, noxious, improper, offensive or noisy conduct or practice, or bring the reputation of the College into disrepute. Residents shall be bound by the rules of the College as set out in the Residential Handbook and the College Policies.
- 5.2. Residents must at all times conduct themselves in a manner which is conducive to study and sensitive to the privacy and needs of other residents.
- 5.3. Residents will be required by the Manager Student Services, or authorized College staff to discontinue any behavior which is detrimental to the welfare, comfort or convenience of other residents.

6. Drugs and Alcohol

- 6.1. Residents must not bring onto, or use or consume within or in the precincts of the College grounds any substance or article the possession of which is illegal. Breach of this rule will result in immediate suspension from the Residence and may result in complete expulsion from the College.
- 6.2. Residents must not bring onto, or use or consume within or in the precincts of the College grounds any substance or article which contains alcohol.
- 6.3. In accordance with state policies, persons under the age of eighteen (18) years are not permitted to consume alcohol. Persons under the age of 18 found consuming alcohol or having consumed alcohol off College grounds may be suspended from the College immediately.
- 6.4. Any person who supplies alcohol to persons under 18 years of age will be expelled from the Residence and the authorities notified.
- 6.5. Queensland Agricultural Training Colleges reserves the right to conduct random drug and alcohol testing of Queensland Agricultural Training Colleges staff and students.
- 6.6. The use of home brewing kits or stills within the Residence is prohibited.
- 6.7. Smoking is prohibited in all College buildings. There is no provision for designated smoking-permitted rooms or areas in buildings controlled by the College. Designated smoking areas on College grounds are available and identified in the College

Smoking Management Plans. Smoking outside of the designated smoking areas may result in suspension from the Residences.

7. Sexual Relationships.

7.1. Relevant State and Federal legislation apply in all instances and in addition Queensland Agricultural Training Colleges reiterates the following standards:

7.1.1. It is a criminal offence for any person to engage in a sexual relationship with a person less than 16 years of age; and

7.1.2. It is a criminal offence for a person to engage in sodomy with a person less than 18 years of age.

8. Firearms and dangerous or unlawful goods

8.1. Residents must not bring onto, or use within or in the precincts of the College any firearm (or facsimile), weapons, explosives, fireworks, or flammable liquids.

9. Fire Fighting Equipment

9.1. Residents should familiarize themselves with the location and instruction for use of firefighting equipment.

9.2. Residents must not use such equipment unless a fire emergency occurs; unauthorized or indiscriminate use of firefighting equipment is prohibited, and may result in immediate dismissal.

9.3. Where the Fire Brigade responds to a fire alarm, residents found negligent will be charged the Fire Brigade call-out fee.

10. Dining Hall

10.1. Neat casual dress and footwear should be worn at all meal times, and hats removed.

10.2. A resident must leave the Dining Hall when requested to do so by the Manager Student Services or authorised Staff.

11. Maintenance of rooms

11.1. Residents must keep their rooms and the Residence common areas in a clean condition and in a state that will not cause any obstruction to, or deterioration of, the general environs within the Residence.

11.2. Residents shall not, without the permission of the Manager Student Services, remove items of furniture or equipment belonging to the College, or transfer items of furniture or equipment from the rooms in which they have been provided.

12. Liability

12.1. The College shall not be liable for any failure, delay or interruption in performing its obligations and duties herein stated due to causes or conditions beyond its control or which could not have been prevented or remedied by reasonable effort at reasonable expense. Neither the College nor its officials, agents and employees are liable for the loss, theft, disappearance, damage or destruction at any time or in any place of any property belonging to, used by, or in custody of any resident no matter where such property may be normally used, kept or stored. Residents are encouraged to extend their parent(s) homeowner's insurance or purchase specific renter's insurance to cover personal belongings.

13. Entering Residents Rooms

13.1. A resident's room may be entered by person's authorised by the Manager Student Services:

13.1.1. For roll calls and bed checks for students under 18 years of age.

13.1.2. For inspections, cleaning, inventory, maintenance, safety alterations and repair.

13.1.3. In an emergency as determined by the Manager Student Services or delegate without advance notice and whether or not the resident is present.

13.1.4. Between terms/semesters when at the discretion of the Manager Student Services, rooms in the Residences may be entered without written or verbal notice.

14. Responsibility for Conduct of Other Persons

14.1. Residents are responsible for the conduct of any person(s) they invite into, or entertain within, the Residence All non-residents are expected to leave the Residence by 10pm. Residents shall not allow another person to stay in their rooms overnight or for an extended period.

15. Breach of Conditions

- 15.1. Should a breach of the conditions outlined above occur, the College Director or nominee may impose the following penalties
- 15.1.1. Requirement to apologize to the wronged party; payment of casual accommodation rates for any unauthorized overnight guests; restitution for the full amount of repairs or replacement resulting from any wilful vandalism, damage or theft;
 - 15.1.2. Good behaviour bond and/or a community service order;
 - 15.1.3. Immediate suspension or expulsion from the Residence.
- 15.2. Where a resident has been suspended or excluded from the Residence, they may not re-enter any of the Residences for any purpose, without the written permission of the College Director
- 15.3. In the interest of best possible outcomes for residents and their families, discipline issues or patterns which may lead to suspension or expulsion, may be discussed with a resident's Parent or nominated Guardian, at the discretion of the Manager Student Services or College Director.

TASTE STUDENTS CLOTHING AND EQUIPMENT LIST



Form No: AC914b

- The following list is provided as a guide to the minimum number of items required by students.
- Items required may depend on the applicable training course/area.
- Your own discretion and personal preferences may be applied.
- All items must be clearly marked on collar bands, waist bands and other easily recognisable positions.
- QATC will not take responsibility for unmarked items when lost.

Qty	Item	Checked ✓
1	Wide brimmed hat	<input type="checkbox"/>
5 sets	Work clothes (<i>shirts must be long sleeved with collars. Long pants are required. Heavy duty cotton drill is most suitable</i>)	<input type="checkbox"/>
1 pair	Safety boots (<i>complaint to Australian Standard 2210</i>)	<input type="checkbox"/>
1 pair	Riding boots (<i>smooth soled with heel – no steel cap</i>)	<input type="checkbox"/>
1	Work belt (<i>optional</i>)	<input type="checkbox"/>
1	Sunglasses	<input type="checkbox"/>
5 sets	Casual clothes, underwear and socks	<input type="checkbox"/>
2 set	Dress clothes (<i>for social activities</i>)	<input type="checkbox"/>
1 pair	Dress shoes (<i>for social activities</i>)	<input type="checkbox"/>
1 set	Sportswear (<i>for any sports the student may wish to play e.g. football, tennis, basketball, cricket, swimming</i>)	<input type="checkbox"/>
1	Raincoat / Driza-bone or waterproof jacket	<input type="checkbox"/>
1	Toiletries	<input type="checkbox"/>
1	Mug (<i>for dormitory use</i>)	<input type="checkbox"/>
6	Clothes hangers (<i>optional</i>)	<input type="checkbox"/>
1	Alarm clock (<i>optional</i>)	<input type="checkbox"/>
1	Sunscreen (SPF 30+)	<input type="checkbox"/>
1	Insect repellent (<i>sand flies & mosquitoes</i>)	<input type="checkbox"/>
1	Stationery (<i>pens, pencils, erasers, notepads, folder etc.</i>)	<input type="checkbox"/>
1	Personal items (<i>i.e. radio, mp3, iPod, books etc</i>) (bring at own risk)	<input type="checkbox"/>

BEDDING – The Colleges provide bed, mattress, pillow and pillow slip, set of sheets, 2 blankets, quilt cover and a towel. If preferred, you may bring a sleeping bag.

TASTE STUDENTS CLOTHING AND EQUIPMENT LIST



Form No: AC914b

IMPORTANT:

- *Firearms, bows and long handled knives are prohibited on college.*
- *Clothing that in the opinion of QATC is inappropriate for a co-educational institution will not be permitted.*
- *Sandshoes, joggers and thongs are not considered appropriate footwear for work.*
- *Work footwear should be fully enclosed sturdy leather work boots.*
- *Bare feet are not permitted outside the dormitories.*
- *Double adaptors are not permitted.*
- *Power boards must be used for additional power outlets.*
- *Food preparation appliances are not permitted in the student's room.*