From the Assistant Principal

WORK EXPERIENCE

Year 10 and 11 students are currently undertaking work experience. Work experience is part of the schools’ educational program; it provides insights into industry, and the workplace in which they are located. Students are placed with employers primarily to observe and learn – not to undertake activities which require extensive training or expertise. It is undertaken at the employer’s premises and has enormous benefits for students as it gives them a chance to:

• Work alongside adults as part of a team gaining an understanding of work
• Develop and practice a range of new skills
• Become more independent and confident
• Relate the school curriculum to the workplace
• Increase motivation to continue their study and/or undertake further training
• Explore career options

Mr McCormick will be visiting various work experience students on Thursday.

MOBILE DENTAL CARE

The Royal Flying Doctor Service Victoria is bringing its Mobile Dental Care Program to Werrimull! The dental team will visit Werrimull P-12 School next Monday 2nd December. They will provide a free dental check-up and send home relevant information, including contact details for public dental clinics in the area.

Any information collected will be treated confidentially and will only be shared with other members of the program team. Please complete the attached form (child consent form) if you would like your child to have a free check-up. Any member of the community who would like to have a check-up can complete the attached form (personal and medical history questionnaire) and visit the school on Monday.

FORMS FOR THE MOBILE DENTAL CARE PROGRAM MUST BE RETURNED BY THIS FRIDAY 29TH NOVEMBER.

TRANSITION DAY

This Wednesday is the second transition day for the 2014 Prep group. The four year old students are comfortable in the school environment as they have participated in the school-kinder partnership throughout the year.

SLEEPOVER

P-4 students will participate in ‘camp’ activities this Thursday and Friday. Grade 1 - 4 students will enjoy a sleepover at school, whilst the Prep students will be picked up following dinner. Notes have been sent home regarding the camp, if you have any questions don’t hesitate contact the school.

KWONG LEE DOW

Sammy-Jo Sly has been accepted into the Kwong Lee Dow Young Scholars program. Sammy-Jo will attend an official welcome into the Program and an information session on December 5 at the University of Melbourne. Congratulations Sammy-Jo!

SECONDARY CAMP

I must finish by praising all of the students who attended the surf camp last week. There is no doubt many of our students shocked the surf instructors with their ability and willingness to learn new skills. Many members of the public commented on the values displayed by our students during their time on the Surf Coast. Further details regarding the camp will be published in the 2013 edition of the School Magazine.
### Dates to Remember

**November**
- Work Experience 10/11: 25th-29th November
- P-2 Sleepover: 28th November

**December**
- University Experience Camp: 3rd—5th December
- Ballet & Orange World Excursion: 4th December
- Buses will run 1/2 hour early in the morning: 4th December
- Flying Start: 9th—13th December
- Activity Day: 16th December
- Awards Night: 17th December

**January**
- First Day school for students: 29th January

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**Happy Birthday**

No Birthdays this week

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**Citizen of the Week is**

Holly Harmer

**Aussie of the Month is**

Claudia Fox

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**Just a Reminder**

Please have your Christmas raffle books and hamper donation back to the office by Friday 13th December

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**Reminder**

As it’s a departmental requirement for students that are absent, a parent or guardian needs to fill in an absentee note (green note) as soon as the student returns to school. These need to be brought up to the office for Mrs Wright to enter on Cases21
Dear Families of K-2 Partnership Program Group,

Who: You and your teddy bear  
When: Thursday 5 December, 12:30pm – 2:00pm  
Where: Millewa Pre-School  
Why: To celebrate our teddy bear making over the past Semester (you’ll be impressed)  

What to bring: Your lunch and a picnic rug to sit on.

Please pass this invitation on to any member of your family who would like to join in with our picnic, the more the merrier!

We hope to see you there,

Miss Smith and the K-2 Partnership Group
What’s Happening

Only a few weeks to go and they’re very busy ones so I hope we can all keep up. I’ve been very unwell for the past week and a half so unfortunately kindergarten reports have been pushed back until next week, I appreciate your understanding.

Tomorrow is another Transition day for our four year old group, please remember to return your child’s permission form for the Ballet and Orange World excursion (Wednesday December 4) by the end of this week along with the $15.

Next Thursday, December 5, is our Teddy Bear’s Picnic to celebrate our teddy bear making adventures this Semester as part of the Partnership Program. Please have a look at the invitation that your child brought home for details (there’s one in the Pipeline too).

Flying Start, the whole school Transition Week at Werrimull P-12 School, begins Monday 9 December. New Preps will be at school for whole days on Monday, Tuesday, Thursday and Friday of this week.

The Millewa Pre-School’s Transition Day will take place on Tuesday 10 December. Next year’s four year old group will have the opportunity to attend for the full day in preparation for next year. The new three year olds are invited to join us from 9:30am to 11:30am with their parents to experience kindergarten. Enrolment paperwork will be sent home beforehand and must be returned on the day. Please bring your child’s health and immunisation records with you along with any health care or pension cards that you have.

Dates to Remember

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>27 November</td>
<td>Transition Day at Werrimull P-12 for 2014 Preps (12:30pm pick-up)</td>
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<td>29 November</td>
<td>Additional Kindergarten Day at Werrimull P-12</td>
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<tr>
<td>4 December</td>
<td>Mildura Ballet and Orange World Transition Day (buses running half an hour early in morning)</td>
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<td>5 December</td>
<td>K-2 Partnership Program Teddy Bear’s Picnic, 12:30pm at the Millewa Pre-School</td>
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<tr>
<td>6 December</td>
<td>Additional Kindergarten Day at Werrimull P-12</td>
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<tr>
<td>9 December</td>
<td>Flying Start Week at Werrimull P-12 School for 2014 Preps (not Wednesday)</td>
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<tr>
<td>10 December</td>
<td>Kindergarten Transition Day</td>
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The Royal Flying Doctor Service (RFDS) Victoria has developed the Mobile Dental Care Program in partnership with Dental Health Services Victoria and the Australian Dental Association Victorian Branch. Launched in August 2012, the program is being piloted in the Northern Mallee region. This region was chosen for its:

- high rate of preventable hospital admissions caused by dental conditions
- shortage of public dental services
- population at risk of dental disease

The Mobile Dental Care Program aims to improve access to dental services (especially for those most at risk of poor oral health), enhance oral health knowledge through oral health promotion and education, and contribute to improved health outcomes (focusing on the links between oral health and general health).

We are committed to working with local health services, organisations and communities to deliver an appropriate and sustainable dental health program.

**How the program operates**

Teams of volunteer dentists, dental assistants and La Trobe University dental students, travel to the Northern Mallee to provide oral health services for one week in every month. Volunteers use a 4WD vehicle (which has been fitted-out to transport portable dental equipment) to deliver outreach services to schools, pre-school services, aged care facilities, community groups, workplaces, local health services etc. Outreach services include dental check-ups, oral health promotion and education sessions.

In addition to the outreach activities, the volunteers also provide basic dental treatment in fixed-site dental clinics or refer those requiring treatment to local public (Ouyen, Mildura and Swan Hill) or private dental clinics.

To make a booking or if you require any further information, please contact Roisin McGrath on 03-84120441.
Mobile Dental Care Program: Child Consent Form

Please complete one form for each child

Child’s surname: __________________________  Child’s first name: __________________________

Child’s date of birth: _________ / _______ / _______  Gender (please circle)  Male  Female

Country of birth: __________________________  Aboriginal or Torres Strait Islander (please circle) Yes  No

Cultural background: ____________________________________________________________

Languages spoken at home: ________________________________________________________

Name of school: __________________________  Class: __________________________

Does your child have any allergies (e.g. latex, food colourings)?  Yes  No

Does your child have any medical conditions or take medications?  Yes  No

If Yes please provide more information below:

__________________________________________________________________________

__________________________________________________________________________

Postal address: _______________________________________________________________

Residential address: _____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Home number: __________________________  Mobile number: __________________________

Name of parent/carer/guardian completing: ________________________________________

Relationship to child (please circle):  Mum  Dad  Grandmother  Grandfather  Carer

Other: __________________________

Health Care/Pension Card number: __________________________  Expiry: __________________________

Name on card: __________________________

I __________________________  Parent/Guardian (please write your full name)

consent to my child __________________________ (please write child’s full name)

having his/her teeth checked by the Mobile Dental Care team. I understand that all information about my child will be treated confidentially and only the program team will have access to this information. I give my permission for the dental team to contact me, to help coordinate my child’s follow-up dental care.

Signed: __________________________  Date: _________ / _________ / _________

Do you consent to your child’s photograph being taken during the dental visit? (please circle)

Yes  No

By circling yes, you indicate that these photographs may be used to promote the Mobile Dental Care Program.
PERSONAL & MEDICAL HISTORY QUESTIONNAIRE

Name: ........................................ Date of Birth: ___ / ___ / ___  Gender: Male ☐ Female ☐

Address: ........................................................................................................ Card expiry date: .................................................................

Country of Birth: ................................................................. Aboriginal or Torres Strait Islander: Yes ☐ No ☐

Cultural background: ................................................................. Languages spoken: .................................................................

Concession card: (please tick) ☐ Health Care Card Holder ☐ Pension card ☐ DVA card ☐

Card number: ........................................................................................................

Private Health Insurance: Yes ☐ No ☐ Last visit to the dentist: .................................................................

Please circle the correct answer

1. Are you taking any medicine, drugs, vitamins or herbal supplements?
   Please provide a list on the other side of this page. Yes ☐ No ☐

2. Do you have an allergy (e.g. penicillin, latex) or ever had a bad reaction to a medicine/injection?
   If Yes, please explain: ____________________________ Yes ☐ No ☐

3. Do you have or have ever had heart or blood pressure problems? Yes ☐ No ☐ Not Sure ☐

4. Do you have or have ever had a heart murmur, heart valve problem or rheumatic fever? Yes ☐ No ☐ Not Sure ☐

5. Do you have an artificial joint, heart valve or prosthetic implant? Yes ☐ No ☐

6. Do you have or have ever had hepatitis, jaundice or liver disease? Yes ☐ No ☐ Not Sure ☐

7. Do you have an infectious disease? Yes ☐ No ☐ Not Sure ☐

8. Do you have a serious bleeding problem or disorder? Yes ☐ No ☐ Not Sure ☐

9. Have you ever been hospitalised for an illness or operation?
   If Yes, please explain: ____________________________ Yes ☐ No ☐

10. For females only: Are you breast-feeding or pregnant? Yes ☐ No ☐ Not Sure ☐

11. Do you smoke? Yes ☐ No ☐ Would you like to stop?
    If Yes: How many: _______ per day

Do you have or have ever had any of the following? Please tick the box.

- diabetes ☐
- asthma / breathing problems ☐
- steroid therapy ☐
- arthritis or aching joints ☐
- chest pain / heart problems ☐
- sinus problems ☐
- drug or alcohol problems ☐
- stomach ulcers / acid reflux ☐
- pacemaker ☐
- seizures or fits ☐
- tuberculosis ☐
- dry mouth ☐
- psychiatric treatment ☐
- kidney problems ☐
- cancer ☐
- other ☐
- stroke ☐
- thyroid problems ☐
- osteoporosis / bone problems ☐

I have completed this questionnaire to the best of my knowledge. I understand that information relating to my dental condition may need to be sent to other dental practitioners to aid them in my treatment and I consent to this. I also give permission for the dental team to use the above details to contact me about my dental care.

Signed: ____________________________ Date: ____________________________
CURRENT MEDICATIONS

Please list all medications that you are currently taking (including insulin, oral contraceptives, over the counter medications, vitamins, diet supplements, herbal preparations, etc.)

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Thank you