

## Ø Online Form - Year 6 Positive Peer Relationships Workshop

Activity Name:	Year 6 Positive Peer Relationships Workshop
Date/Time:	Tuesday 7 May 2024 9:30am - 1:15pm
Description:	Positive Peer Relationships is a workshop delivered to students by the Unleashing Personal Potential team. The workshop includes two distinct sessions, GROWING MY SOCIAL SKILLS and BUILDING STRONGER RELATIONSHIPS, that each run for approximately 90-120 minutes.
Cost:	\$22.00
Venue:	Engadine West Public School
Dress Code:	Sports uniform
Please Bring:	Pen or pencil
Additional Information:	Both sessions develop particular skills and cover the following concepts:
	**SESSION 1: GROWING MY SOCIAL SKILLS  **THE POWER OF EMPATHY - focusing on standing as one, respecting and appreciating differences.  **ACTIVE LISTENING - practical skills for strengthening relationships.  **CONNECTION - Understanding how connected we already are.  SESSION 2: BUILDING STRONGER RELATIONSHIPS  **BULLYING & THE SCIENCE OF KINDNESS - learning about the potential impacts of bullying and kindness, on others and on ourselves.  **CONFLICT RESOLUTION - learning how to be assertive, rather than passive or aggressive.  **BYSTANDER VS UPSTANDER- teaching students how to be upstanding when they witness injustice.  **TEAM WORK - Working collaboratively in teams to achieve more. Structured opportunities to apply what has been learned.  **RISING BY LIFTING OTHERS - Learning how to give a genuine shout out.
Due Date:	Friday 3 May 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the Year 6 Positive Peer Relationships Workshop *
○ Yes ○ No
Student Name:
Parent/Carer Name: *
Parent/Carer Phone Number: *
I acknowledge that this activity is required to be held in accordance with any current NSW health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating in this activity. I confirm that my child will not attend school if displaying any symptoms of illness, and/or if directed to isolate under health orders: *
○ Yes
Parent/Carer Signature: *
<b>Please note:</b> Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.