

# Teaching sexuality and relationships education in a primary school



## CHCCD402A Develop and provide community education projects

### > Course

Accurate, age appropriate sexuality and relationships education is important for all primary students from Prep to Year 7.

Participants in this practical and interactive course will gain the strategies, resources and confidence to deliver educational programs which will meet the needs of the students they teach and are mapped to QCAR Essential Learning, ACARA General Capabilities and cross-curriculum priorities.

### > Who should attend?

Staff working with children in primary schools including:

- teachers
- guidance officers / behaviour support staff
- teacher aides
- chaplains

### > Course content

Participants in this course will be involved in activities and view relevant resources which will help them to:

- plan and deliver a sexuality and relationships education program
- create a safe and positive learning environment
- answer students' questions with confidence
- source and adapt resources to meet their students' needs

**To register, please fill in the attached registration form and fax to 07 3250 0294**

### > Course details

|                     |                            |
|---------------------|----------------------------|
| <b>Location</b>     | Gold Coast*                |
| <b>Date</b>         | Monday, 22 October 2012    |
| <b>Time</b>         | 9.00am to 4.00pm           |
| <b>RSVP</b>         | 21 September 2012          |
| <b>Cost</b>         | \$165                      |
| <b>Refreshments</b> | Tea/coffee and light lunch |

\*The venue address will be advised upon acceptance of registration and after RSVP date.

Registration is mandatory to enable attendance at the course.

### > Course accreditation

Successful completion of the training and assessment will lead to a Statement of Attainment in **CHCCD402A Develop and provide community education projects**, in partial completion of the qualification CHC40808 Certificate IV in Community Development.

Assessment for this course includes work-based activities related to the unit of competency and will require additional work outside of course contact time.

Recognition of Prior Learning (RPL), Recognition of Current Competency (RCC), credit transfer and language, literacy and numeracy support is available for this course.

For more information about training and assessment, view FPQ's Training Handbook at <http://www.fpq.com.au/pdf/TrainingHandbook.pdf>

## For more information

**Family Planning Queensland**  
PO Box 215, Fortitude Valley QLD 4006  
**Phone** 07 3250 0240 **Fax** 07 3250 0294  
**Email** [education@fpq.com.au](mailto:education@fpq.com.au)  
**www.fpq.com.au**

If you do not wish to receive further information about Family Planning Queensland education please phone 07 3250 0240 or email [education@fpq.com.au](mailto:education@fpq.com.au)

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## Course registration

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Submission of this course registration does not guarantee a place in the course. All applicants will be contacted after the RSVP date, and if accepted into the course, provided with venue information. Late registrations may be accepted if space permits.

| Personal details   |   |                            |  |
|--|---|----------------------------|--|
| <b>Title</b>   | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____ |                            |  |
| <b>First name</b>  |   |                            | <b>Last name</b>   |
| <b>Date of birth</b>   | / /   | <b>Gender</b>              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ |
| Home contact details   |   | Employment contact details |  |
| <b>Preferred contact</b>   | <input type="checkbox"/> Home <input type="checkbox"/> Work   | <b>Organisation</b>        |  |
| <b>Street</b>  |   | <b>Job title</b>           |  |
| <b>Suburb</b>  |   | <b>Street</b>              |  |
| <b>State</b>   |   | <b>Suburb</b>              |  |
| <b>Post code</b>   |   | <b>State</b>               |  |
| <b>Home phone</b>  |   | <b>Postcode</b>            |  |
| <b>Mobile phone</b>  |   | <b>Phone</b>               |  |
| <b>Email</b>   |   | <b>Fax</b>                 |  |
|  |   | <b>Email</b>               |  |
| Line manager to complete   |   |                            |  |
| By signing this form you are indicating your support for your employee to enrol in this course conducted by Family Planning Queensland. Should the employee undertake assessment you will be expected to provide the necessary support to enable them to successfully complete the unit of competency. You will also be requested to complete an employer satisfaction survey as part of our ongoing quality improvement process |   |                            |  |
| <b>Line manager's name</b>   |   |                            |  |
| <b>Position</b>  |   |                            |  |
| <b>Phone</b>   |   | <b>Email</b>               |  |
| <b>Signature</b>   |   | <b>Date</b>                |  |

# Teaching sexuality and relationships education in a primary school



CHCCD402A Develop and provide community education projects

## Course registration (continued)

| Payment of course fees   |   |   |  |
|--|---|---|--|
| Please return this form together with full payment of fees in order to register for this course. Payments will be processed on or after RSVP date.   |   |   |  |
| Payment will be made by: <input type="checkbox"/> Self <input type="checkbox"/> Organisation <input type="checkbox"/> Self (but will be reimbursed)  |   |   |  |
| <b>Cheque</b>  | For \$ _____ enclosed                                 |   |  |
| <b>Credit card</b>   | <input type="checkbox"/> Visa                         | <b>Name on card</b> _____   |  |
|  | <input type="checkbox"/> Mastercard                   | <b>Card number</b> _____  |  |
|  |   | <b>Expiration date</b> ____ / ____ <b>CVV (3 digits from back of card)</b> _____  |  |
| <b>Receipt</b>   | Name to be shown on receipt:                          |   | Receipt to be sent to:   |
|  |   |   | <input type="checkbox"/> Home email <input type="checkbox"/> Home address<br><input type="checkbox"/> Work email <input type="checkbox"/> Work address |
| Cancellation and refund policy   |   |   |  |
| Where a course is cancelled by FPQ, or no place is available to the participant, participants will be entitled to a full refund in all circumstances. FPQ is not responsible for travel-related costs that may be incurred as a result of cancellations. Funds may be transferred to an alternative course if authorised by the participant. |   | Where a participant cancels with written notice to FPQ at least 14 days prior to the commencement of the course, a full refund is available. Where a participant cancels less than 14 days prior to the commencement of the course there is no refund except under exceptional circumstances – written evidence may be required to effect the refund. |  |
| Participant declaration  |   |   |  |
| <input type="checkbox"/> I have read the FPQ Training Handbook (available at <a href="http://www.fpq.com.au/pdf/TrainingHandbook.pdf">www.fpq.com.au/pdf/TrainingHandbook.pdf</a> ) and understand that by signing below I am agreeing to abide by the terms and conditions contained herein.  |   |   |  |
| <input type="checkbox"/> I have read FPQ's Privacy Policy (available at <a href="http://www.fpq.com.au/pdf/PrivacyPolicy.pdf">www.fpq.com.au/pdf/PrivacyPolicy.pdf</a> )   |   |   |  |
| <b>Participant's name</b>  |   |   |  |
| <b>Participant's signature</b>   |   | <b>Date</b>   |  |
| Additional information   |   |   |  |
| <b>How did you hear about this course?</b>   | <input type="checkbox"/> FPQ website                  | <input type="checkbox"/> Word of mouth  |  |
|  | <input type="checkbox"/> Email from FPQ               | <input type="checkbox"/> Conference or network meeting  |  |
|  | <input type="checkbox"/> Email from other network     | <input type="checkbox"/> Other _____  |  |
| <b>Do you require assistance due to a disability or other reason? If so, please indicate.</b>  | <input type="checkbox"/> Mobility impairment          | <input type="checkbox"/> Visual impairment  |  |
|  | <input type="checkbox"/> Learning difficulty          | <input type="checkbox"/> Hearing impairment   |  |
|  | <input type="checkbox"/> English as a second language | <input type="checkbox"/> Other _____  |  |
|  | <input type="checkbox"/> Literacy support             |   |  |

Please return by fax to 07 3250 0294 or by mail to FPQ, PO Box 215, Fortitude Valley Qld 4006