In a caring environment, we will achieve our full potential.

Tournament of Minds Applied Technology

To TOMs participants, parents and carers,

Congratulations on receiving Honours in Applied Technology in the north side Regional Tournament of Minds. You are now invited to compete against other Regional Honours Teams in the ACT Territory Final.

The ACT Territory Final is on Sunday 8th of September at the Manning Clarke Theatre at the ANU.

Evatt Primary School team members will meet Ms Bodle outside the theatre at 8am. We need to be seated for the Welcome Ceremony at 8.25am. Students are to be dressed in black clothing and have their morning tea, lunch and a water bottle.

At the Welcome Ceremony, the teams will receive a box containing the 3 hour challenge and all allowable materials. The team will then be escorted to a Preparation Room where they will be supervised by a TOM’s facilitator from another school.

The team will have three hours to complete the challenge. During this time, the judges for the Spontaneous Challenge will also visit your Preparation Room and have your team complete your Spontaneous Challenge.

There will be a short break for lunch and then the teams will present their solutions to the judges.

Parents will not be allowed in the Preparation Rooms but are encouraged to attend the Welcome Ceremony as well as the Presentations. Presentations will begin at approximately 12:30pm at the Manning Clarke Theatre. Students can be collected from the Manning Clarke Theatre after the presentations are completed.

Please find attached more detailed information about the ACT Territory Final. There is also four page form that needs to be filled out and returned to Anna Bodle by Friday 30th August.

Please contact me if you need more information.

Kind regards

Anna Bodle
Congratulations on receiving Honours in your discipline in your Regional Tournament of Minds. You are now invited to compete against other Regional Honours Teams in the ACT Territory Final.

Please read the following instructions to ensure that you, and your team, are prepared for competition day.

**Arrival at ANU:**

1. Please allow plenty of time to arrive at the University without rushing.

2. All teams are to sit together for the welcome ceremony in Manning Clark Theatre One. Please be seated by 8.25am.

3. Please ensure that all team members are to be dressed in black/ dark clothing, as per the Instruction Manual.

**Competition preparations:**

4. A facilitator from another school will become your Room Supervisor for the morning.

5. Teams and Room Supervisors will be accompanied from Manning Clarke to your individual Preparation Room by a Tournament Guide.

**Morning Tea:**

6. You must bring your morning tea with you and this must include a drink (preferably water).

**Competition lock-down:**

7. Your Room Supervisor will supervise your bags during the preparation time. You may not go to your bag during this time. Please take out your morning tea and any medication, and TURN OFF all mobile phones before you start work.

8. A box containing the 3-hour challenge and all allowable materials will be distributed to all teams at the Welcome Ceremony. Your team is responsible for taking it to the Preparation Room. No other materials may be used for your solution. The box itself and other packaging are NOT to be used. For the Maths Engineering challenge, only the designated materials may be used in the construction of the device.

9. Under no circumstances may parents go to the Preparation Rooms.
10. Clarifications will be answered during lockdown; please note the procedure in the provided materials. Remember this is a Territory Final and you will be expected to analyse and answer most questions for yourselves.

**Spontaneous Challenge:**

11. You will be visited by the spontaneous judges during your preparation time for your spontaneous challenge. (This will take approx. 10 mins.)

12. The Presentation Skills Form and Presentation Summary Form are to be completed by team members and will be collected by your Room Supervisor at 12:10 together with all 3 copies of the challenge.

13. At 12.00, your Room Supervisor will remind you to complete your Presentation Skills Form and Presentation Summary Form and have your room tidy and be ready to go by 12:10 (or 3 hours and 10min after your start time).

14. Costumes & props will be delivered under the supervision of your Room Supervisor to the Presentation Venue where they will be locked away during lunchtime.

**Lunch:**

15. During lunch, you are responsible for ensuring that your challenge solution is not discussed with facilitators, parents, friends or other teams. Any infringement may incur a significant penalty, which may include disqualification.

**Other considerations:**

16. You should stay in your Presentation Venue during the whole afternoon, except for illness or toilet visits.

17. Make sure you have read the ACT Instruction Manual thoroughly.

18. All judges' decisions are final.

Finally, remember to follow "The Spirit of TOM" code of conduct.

**Under this code, teams must:**

- Show respect to the judges, audience and fellow competitors at all times. This includes using appropriate language, behaving safely and participating by the TOM rules.
- Be trusted not to get 'outside' assistance in generating, developing or presenting your Challenge solution ideas.
- Ensure the Spontaneous Challenge is kept a secret until the given deadline.
ACT TERRITORY FINAL and
AUSTRALASIAN PACIFIC
FINALS 2013
CONTACT / HEALTH / MEDIA
INFORMATION FORM

Please bring the completed form with you on the Territory Final Day. These forms need to be handed in at the registration desk at 8.15am on the day. It is a condition of entry into the Territory Finals that all students competing must have submitted a completed Contact/Health/Media Form.

Name: ........................................................................................................ Date of Birth: ......................

Name of School:

Challenge (Please tick): ☐ AT ☐ LL ☐ ME ☐ SS Division: ☐ Primary ☐ Secondary

Parent/guardian contact for Sunday, 8th September 2013 ..............................................................

Contact numbers:

Phone no.: ................................................................. Mobile no.: .................................................................

Media consent:

I permit for photographs and/or other forms of media contact of my child to be taken and/or displayed.

Yes ☐ No ☐

Print Name:

Signature: ................................................................. (Parent/Guardian) Date: .................................................................

Contact Details: ACT Territory Finals

Emergency contact for Sunday 8th, September October 2013.

Name: .................................................................................................................................

Phone no.: ................................................................. Mobile no.: .................................................................

☐ Facilitator ☐ Parent/ Guardian ☐ Other: .................................................................

Alternate contact:

Name: .................................................................................................................................

Phone no.: ................................................................. Mobile no.: .................................................................

☐ Facilitator ☐ Parent/ Guardian ☐ Other: .................................................................
**Contact Details:** Australasian Pacific Finals

1. The following adult(s) will be attending the Australasian Pacific Final competition

   | Name: | Mobile no.: | Facilitator | Parent/Guardian |
   |---------------------------------------------------------------|-----------------|
   | ........................................................................ | ........................................ |
   | Name: | Mobile no.: | Facilitator | Parent/Guardian |
   | ........................................................................ | ........................................ |

2. Emergency contact for 18th and 19th October 2013

   | Name: | Phone no.: | Mobile no.: | Facilitator | Parent/Guardian | Other: |
   |-----------------------------------------------|-----------------|-----------------|
   | ........................................................................ | ........................................ |
   | Alternate contact: |
   | Name: | Phone no.: | Mobile no.: | Facilitator | Parent/Guardian | Other: |
   |-----------------------------------------------|-----------------|-----------------|
   | ........................................................................ | ........................................ |

**Health Questionnaire:**

1. Has your child had any sickness within the last two months? Yes ☐  No ☐
   
   If yes, please provide details: .................................................................
   .................................................................
   .................................................................

2. Does your child suffer from asthma? Yes ☐  No ☐
   
   If yes, provide management details: .................................................................
   .................................................................
   .................................................................
   
   If required, asthma management plan prepared by GP/specialist attached: Yes ☐  No ☐

3. Does your child have any special care, including special dietary requirements? Yes ☐  No ☐
   
   Details: ........................................................................................................
   .................................................................
   .................................................................
4. Does your child have any allergies (including medications)?
   Yes ☐ No ☐
   If yes, please provide details: ..............................................................
   ...........................................................................................................
   ...........................................................................................................
   If required, additional management plan prepared by GP/ specialist attached: Yes ☐ No ☐

5. Does your child require any special care (other than dietary requirements)?
   Yes ☐ No ☐
   If yes, please provide details: ..............................................................
   ...........................................................................................................
   ...........................................................................................................

6. Has your child had a tetanus injection?
   Yes ☐ No ☐
   Details, e.g. date/ year of last injection: ..............................................
   ...........................................................................................................

7. Does your child need medication in the "Preparation Room" on Tournament Day?
   Yes ☐ No ☐
   Please list or attach appropriate information regarding dosage and frequency.
   Details: ..............................................................................................
   ...........................................................................................................
   If required, additional management plan prepared by GP/ specialist attached: Yes ☐ No ☐

8. Does your child have any other medical conditions not mentioned above?
   Yes ☐ No ☐
   If yes, please provide details: ..............................................................
   ...........................................................................................................
   ...........................................................................................................
   If required, additional management plan prepared by GP/ specialist attached: Yes ☐ No ☐

9. Does your child have any mental health/ psychological conditions?
   Yes ☐ No ☐
   If yes, please provide details: ..............................................................
   ...........................................................................................................
   ...........................................................................................................
   If required, additional management plan prepared by GP/ specialist attached: Yes ☐ No ☐
Health care details:

- Medicare:  
  Medicare no.: .........................................................
  Yes □   No □

- Private Health Fund:  
  Membership no.: .......................................................  
  Yes □   No □

- Ambulance cover:  
  Ambulance cover no.: ..................................................  
  Yes □   No □

If the child’s team wins at their State Final, this form will be forwarded to the Australasian Pacific Final organisers.

☐ I have attached action plans for any ongoing pre-existing medical issues.

☐ I will supply any medication the student is known to need, including those listed in response to questions 7 and 8.

☐ In the event of an emergency, I authorise that appropriate action be taken so that the child receives immediate medical support.

Print Name:

Signature: ...........................................(Parent/Guardian)  Date: .................................................................