

## THE JUNCTION WORKS CYC ENROLMENT FORM

**Program:** \_\_\_\_\_

PERSONAL DETAILS (ADULT/PARENT/GUARDIAN)			
<b>Title:</b>	Mr / Mrs / Ms / Miss	<b>Date of Birth:</b>	
<b>Family Name:</b>		<b>Given Name:</b>	
<b>Address:</b>			
<b>Suburb:</b>			<b>Postcode:</b>
<b>Contact Number:</b>		<b>Homelessness Status:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> At Risk	
<b>Email:</b>			<b>Sex:</b> F <input type="checkbox"/> M <input type="checkbox"/>
<b>Country of Birth:</b>		<b>Main Language Spoken at Home:</b>	
<b>Do you identify as Aboriginal or Torres Strait Islander?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander			
<b>Household Composition:</b> <input type="checkbox"/> Single <input type="checkbox"/> Sole Parent <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Dependents <input type="checkbox"/> Group (related adults) <input type="checkbox"/> Group (unrelated adults) <input type="checkbox"/> Homeless/No Household			
<b>Emergency Contact Details:</b>			
<b>Name:</b>		<b>Relationship:</b>	
<b>Home Phone:</b>		<b>Mobile:</b>	
<b>Address:</b>		<b>Suburb and PC:</b>	
<b>Email:</b>			

<b>Do you have any allergies?</b> If <u>YES</u> , please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any special dietary requirements?</b> If <u>YES</u> , please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any medical conditions/disabilities that we need to be aware of?</b> If <u>YES</u> , please provide details including any regular medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child 1		
Family Name:		Given Name:
Address:		
Suburb:	Postcode:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
DOB:	Main language spoken at home:	
Country of Birth:	Aboriginal or Torres Strait Islander background? Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>	
Allergies (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dietary Requirements (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child taking regular medication (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Asthma? Asthma Management Plan is required.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special needs/disabilities that staff need to be aware of in providing care? (please specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Homelessness Status:		Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk <input type="checkbox"/>

Child 2		
Family Name:		Given Name:
Address:		
Suburb:	Postcode:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
DOB:	Main language spoken at home:	
Country of Birth:	Aboriginal or Torres Strait Islander background? Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>	
Allergies (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dietary Requirements (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child taking regular medication (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Asthma? Asthma Management Plan is required.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special needs/disabilities that staff need to be aware of in providing care? (please specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Homelessness Status:		Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk <input type="checkbox"/>

Child 3		
Family Name:	Given Name:	
Address:		
Suburb:	Postcode:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
DOB:	Main language spoken at home:	
Country of Birth:	Aboriginal or Torres Strait Islander background? Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>	
Allergies (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dietary Requirements (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child taking regular medication (please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Asthma? Asthma Management Plan is required.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special needs/disabilities that staff need to be aware of in providing care? (please specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Homelessness Status:		Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk <input type="checkbox"/>

Where did you hear about this Service: (please tick)

<input type="checkbox"/>	Local Newspaper	<input type="checkbox"/>	Flyers	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	Website or Social Media	<input type="checkbox"/>	Other:		

### CONSENT AND DECLARATIONS for (Participant, Parent, Carer/Guardian)

Please tick relevant answers and sign all consent statements:

I give permission for myself to be featured (by name or by photo) in The Junction Works' event or news publicity, including for newsletters, expos, print and digital publications, website and social media material. Website: <a href="http://www.thejunctionworks.org">www.thejunctionworks.org</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for auditors (from The Junction Works and/or independent) to view information about myself as part of The Junction Works Quality Assurance System and adherence to National Government Standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PARENT'S / GUARDIAN'S CONSENT

I agree to the named Child/Children attending The Junction Works Communities, Youth & Children's Services and shall not hold staff or volunteers responsible for any damage and/or loss of property and/or accidents that may occur. I give permission for medical assistance to be provided to myself and the named Child/Children in the case of emergency, and agree to pay such costs as may be incurred. I grant The Junction Works staff permission to obtain medical information related to the named Child in the case of allergies, asthma protocol, special needs and medication.

I certify that all information in this enrolment form is correct at the time of signing. I agree to notify the Coordinator of any changes that may occur.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As this program is funded by The Department of Communities & Justice, your information will be kept confidential and securely stored on the Data Exchange.