

THE JUNCTION WORKS

CYC ENROLMENT FORM

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

Program: _____

PERSONAL DETAILS (ADULT/PARENT/GUARDIAN)			
Title:	Mr / Mrs / Ms / Miss	Date of Birth:	
Family Name:		Given Name:	
Address:			
Suburb:			Postcode:
Contact Number:		Homelessness Status: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> At Risk	
Email:			Sex: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:		Main Language Spoken at Home:	
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander			
Household Composition: <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			
Highest level of education/qualification: <input type="checkbox"/> Pre-Primary Education <input type="checkbox"/> Primary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Certificate Level <input type="checkbox"/> Advanced diploma or diploma level <input type="checkbox"/> Bachelor degree level <input type="checkbox"/> Graduate diploma or graduate certificate level <input type="checkbox"/> Postgraduate degree level <input type="checkbox"/> Other Education		Employment Status: <input type="checkbox"/> Paid work full-time <input type="checkbox"/> Paid work part-time <input type="checkbox"/> Unpaid work (includes volunteering) <input type="checkbox"/> Not working and not looking for work <input type="checkbox"/> Unemployed (not working but looking for work) <input type="checkbox"/> Studying full-time <input type="checkbox"/> Studying part-time <input type="checkbox"/> Parenting <input type="checkbox"/> Caring	
Main source of income: <input type="checkbox"/> Nil income <input type="checkbox"/> Employee Salary/Wages <input type="checkbox"/> Self Employed (Unincorporated business income) <input type="checkbox"/> Government Payments/Pensions/Allowances <input type="checkbox"/> Other income including superannuation and investments <input type="checkbox"/> Not stated/inadequately described		Year and month of first arrival in Australia <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Visa type: <input type="checkbox"/> Humanitarian <input type="checkbox"/> Family <input type="checkbox"/> Skilled <input type="checkbox"/> Other		Ancestry <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Is client a carer: <input type="checkbox"/> Yes <input type="checkbox"/> No		NDIS eligibility: <input type="checkbox"/> NDIS in-progress access request <input type="checkbox"/> NDIS eligible <input type="checkbox"/> NDIS ineligible	

Emergency Contact 1:	
Name:	Relationship:
Home Phone:	Mobile:
Address:	Suburb and Postcode:
Email:	

Emergency Contact 2:	
Name:	Relationship:
Home Phone:	Mobile:
Address:	Suburb and Postcode:
Email:	

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

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