Communities for Children Registration Form

Service Provider: Mannum Community Hub	**Today's date:**

Parent/Caregiver details

First Name:	**Last name:**	
Contact Phone No.	**Email:**	
Date of birth:		**Gender:** ☐ Male ☐ Female
Are you of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No	**Country of birth** ☐ Australia ☐ Born overseas - please state country	**What is the main language you speak at home:** ☐ English ☐ A language other than English – please state .....

Disability: ☐ Yes ☐ No If yes please tick below:
☐ Intellectual/learning ☐ Sensory/speech
☐ Psychiatric ☐ Physical/diverse

Your Current Place of residence:

Address: **Postal Address:**	**Suburb:**	**Post Code:**

Parent/Caregiver details — Partner to complete if applicable/intends on attending CFC programs/activities

First Name:	**Last name:**	
Contact Phone No.	**Email:**	
Date of birth:		**Gender:** ☐ Male ☐ Female
Are you of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No	**Country of birth** ☐ Australia ☐ Born overseas - please state country	**What is the main language you speak at home:** ☐ English ☐ A language other than English – please state .....

Disability: ☐ Yes ☐ No If yes please tick below:
☐ Intellectual/learning ☐ Sensory/speech
☐ Psychiatric ☐ Physical/diverse

Your Current Place of residence:

Address: **Postal Address:**	**Suburb:**	**Post Code:**

Child/Children's Details

	Child 1	Child 2	Child 3
First Name:			
Last Name:			
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth:			
Is this child of Aboriginal or Torres strait Islander Origin?	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No
Country of Birth	☐ Australia ☐ Born overseas	☐ Australia ☐ Born overseas	☐ Australia ☐ Born overseas
Disability	☐ Yes ☐ No If yes ☐ Intellectual/learning ☐ Psychiatric ☐ Sensory/speech ☐ Physical/diverse	☐ Yes ☐ No If yes ☐ Intellectual/learning ☐ Psychiatric ☐ Sensory/speech ☐ Physical/diverse	☐ Yes ☐ No If yes ☐ Intellectual/learning ☐ Psychiatric ☐ Sensory/speech ☐ Physical/diverse

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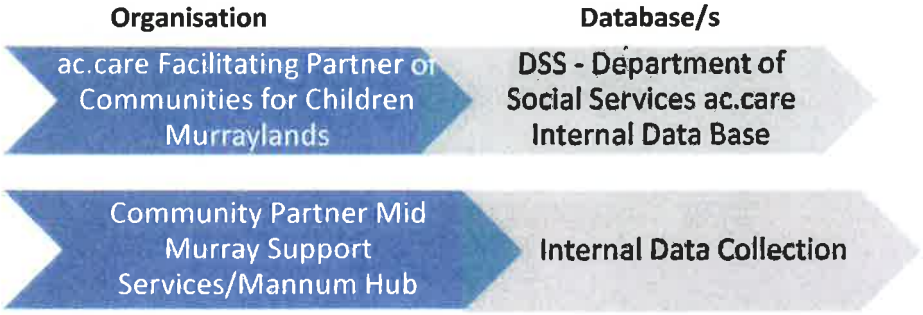
Registration and Attendance: Data collection and storage consent form

Your personal details provided in the registration form will be used for many important reasons including; the safety of you and your child/ren (in case something happens), to help our workers know your child/ren and keep them safe, insurance and statistics to help us with our funding.

The diagram below represents the organisations and agencies who are working together to deliver this activity. The diagram below outlines the **organisation** that will have access to the registration and attendance details and the **database** the information will be entered.



By signing this consent form you agree to share your information with the following organisations and input onto the database as outlined above.

The information provided is voluntary and can be withdrawn at any time. Please circle one

I consent to being contacted by the Community Partner or ac.care (Facilitating Partner) at a later date to participate in follow-up evaluation and/or research purposes. YES NO

I acknowledge that I have read (or had explained) and understand the information outlined above. YES NO

Photo consent- Complete ONE Box only

I, _____ (your name) DO give consent for **photos** of _____ (child's name) to be taken during C4C activities.	I, _____ (your name) DO NOT give consent for **photos** of _____ (child's name) to be taken during C4C activities.

If yes, I understand that these photographs might be published by Mannum Hub or C4C in brochures, displays, web pages and other medium, and I give consent for photographs taken by the photographer to be published.

Please provide any details of allergies or medications relevant to your child/children participating in activities

_____

☐ I consent to staff calling an ambulance for my child, should they believe it required, and understand that the cost of the ambulance must be covered by myself/ my personal cover.

Ambulance number (if applicable) _____

Signed _____ Date _____

Signed _____ Date _____

If completed by both adult parent/carer both parties must sign the completed registration form

Please note: this registration form only needs to be completed once if attending a CFC funded activity/program. A CFC registration card will be posted to you and can be used when attending/booking into other CFC events or activities.

Who referred you to this service/activity? _____

Thank you for completing this form