



ENROLMENT / REFERRAL FORM

REFERRAL INFORMATION (IF APPLICABLE)

Referral from _____ Referral date _____

Case Worker Name _____ Contact number _____

Office Site _____

Does the child have any other existing agencies / support systems in place? Yes No *If yes, please detail below*

Agency / System _____ Contact Number _____

Agency / System _____ Contact Number _____

CHILD'S INFORMATION

Name _____ Date of Birth _____

Address _____

Suburb _____ Postcode _____

Gender Male Female Undecided

EMERGENCY CONTACT INFORMATION

PRIMARY Contact Name _____

Relationship to the Child _____

Primary Contact Number _____ Secondary Contact Number _____

SECONDARY Contact Name _____

Relationship to the Child _____

Primary Contact Number _____ Secondary Contact Number _____

MEDICAL INFORMATION

Does this child have any medical conditions? Yes No

If yes, please list their medical condition(s) including relevant medication information

Please see over to Page 2



Does this child have any allergies? Yes No

If yes, please list their allergies including the severity of the allergy (eg "peanut allergy, no contact with peanuts at all")

TRANSPORT

Does this child require picking up from school / home? Yes No

If yes, what school / home address to be collected from? _____

What school does the child attend? _____

School contact number _____ School finish time _____

Does this child require dropping off once finished with the program? Yes No

If yes, property address _____

Who will be home for the child? _____ Contact number _____

PROGRAM INFORMATION AND FEEDBACK

The Wadjak Northside Mentoring program was developed for all Aboriginal children in the care of DCPFS or deemed at-risk to assist them in retaining their Aboriginal culture through cooking, art, language and excursions while growing up in indigenous and / or non-indigenous families.

In the event of an incident or medical emergency, qualified Mentors and / or Coordinators will initially phone the listed emergency contacts to advise them of the situation. First aid will be administered if the incident is time sensitive and if required, emergency services will be called.

If upon submission of this application there are no vacancies within the program, this referral form will be filed securely until such time as there is vacancy and the listed contacts have been informed.

PARENT / GUARDIAN CONSENT

I, the parent / carer of the above-named child, have read and understood the above information and hereby sign consent for my child to attend the Wadjak Northside Mentoring program. I understand that the activities will be supervised, and release Wadjak Northside Community Centre from liability for any accident, illness or injury my child may sustain whilst involved in these activities and request that medical attention be taken at my expense.

I understand that every effort will be made by both the Mentors and / or Coordinators to contact the listed primary and secondary emergency contact in the event of an incident, accident or illness sustained by my child. I hereby authorise that in the case of an emergency, the Mentor and / or Coordinator has my consent for my child to receive medical treatment if myself or the listed secondary contact listed cannot be reached.

I give permission for my child to:

- *participate in the Wadjak Northside Mentoring program and activities including cooking, art and language*
- *provide feedback on the Wadjak Northside Mentoring program whilst in attendance*
- *be photographed and for those photos to be used for reporting and Wadjak Northside promotional purposes*
- *have their details recorded on a database and understand that their information will be kept confidential and stored correctly under the Privacy Act of 1998 and will not be released to other organisations.*

Parent / Carer Signature _____ Date _____