**ENROLMENT / REFERRAL FORM**

**CHILD’S INFORMATION**

Name Date of Birth

Address

Suburb Postcode

Country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aboriginal or Torres Strait Islander origin? Aboriginal 🞏 Torres Strait Islander 🞏 Other 🞏

Gender Male 🞏 Female 🞏 Undecided 🞏

**MEDICAL INFORMATION**

Does this child have any medical conditions? Yes 🞏 No 🞏

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

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”)

Does this child have one or more of the following impairments, conditions or disabilities?

Intellectual learning 🞏 Psychiatric 🞏 Sensory/Speech 🞏 Physical/diverse 🞏 None 🞏

**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

**TRANSPORT**

Does this child require picking up from school? Yes 🞏 No 🞏

If yes, what school does the child attend?

School address

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

**REFERRAL INFORMATION (IF APPLICABLE)**

Referral from Referral date

Case Worker Name Contact number

Office Site

**PROGRAM INFORMATION AND FEEDBACK**

*The Tree of Life program was developed for primary school aged 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 non-indigenous families.*

*Those from Sudbury Community House and Wadjak Northside Community Centre involved in the Tree of Life program would like to gather feedback from your child about what they think of the program. Your child does not have to give feedback to the Mentors and Coordinators running the program. The decision is yours and your child, however feedback gathered will help the continuation of further funding and assist us in tailoring the program to meet your child’s needs.*

*In the event of an incident or medical emergency, qualified Mentors and 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 Tree of Life program. I understand that the activities will be supervised and release Sudbury Community House and 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 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 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 Tree of Life program and activities including cooking, art and language*
* *provide feedback on the Tree of Life program whilst in attendance*
* *be photographed and for those photos to be used for reporting and 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