

How to register in three easy steps

STEP 1

Read the **Out Of School Hours (OOSH) Care Information Handbook** and **Enrolment** letter that you received with this form. If you did not receive the booklet contact the Pole Depot Office on **(02) 95800688** during business hours **Monday to Friday 9.00am to 5.00pm**.

The parent/carer who has lawful authority in relation to the child/ren on the form are to complete the form.

Fill in the form using pen only. If you have any questions about the form please contact the Pole Depot Office.

Check that you and/or your partner have completed all the sections and questions you need to answer, signed and dated where necessary.

STEP 2

Confirm that you and child/ren are registered with **Family Assistance Office** (FAO). This will ensure that Child Care Benefit Subsidy is available to your family when enrolled as well as the 50% Out of Pocket Childcare Rebate claimable through your taxation return.
See section 1.3 in the booklet for more information.



Gather your registration form and any other support documentation that you need to provide

Please remember that we need to see the original documents (not photocopies). Arrangements for the return of documents will be made with you where necessary.

Arrange payment of Equipment Levy and Insurance.
See section 1.1(b) & 1.2(b) of the OOSH Information Handbook.

STEP 3

Return your completed forms and documentation with payment to the Pole Depot office.

Forms can be returned to the Pole Depot office during business hours or can be posted to:

Pole Depot Community Centre Inc.
PO Box 152, Penshurst NSW 2222

*Please remember that if you are a **Current User re-enrolling** for the upcoming year, your forms will need to be **returned to Pole Depot by the date advised** on the Enrolment letter. **Failure to return forms** by the dates advised will result in your form being considered a new registration and care for the following year will not be guaranteed.*

Parent / Carer 1 Details

Parent / Carer 1 details

All of this information is mandatory.
Any form that does not have this information completed will be rejected and returned to the applicant.

For more information about Child Care Benefit please read section 1.3 of the OOSH Care Information Handbook or contact Family Assistance Office on 136150.

Attention:

Information collected in this form relating to "Local Govt Area", "Work Status", "Employer Name", "Occupation", "Income Range", "Marriage Status", "Pensions or Benefits", "Living Arrangements", "Country of Birth" etc. are collected for statistical information to help us identify areas of need and to support funding applications. The individual family information is not shared with any government departments, agencies or other organisations.

Parent 1 Background Information

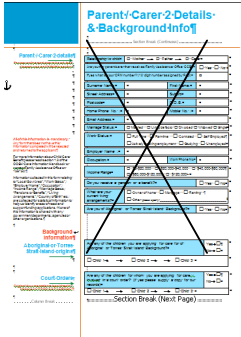
Relationship to child	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Carer
Are you the parent/carer that receives Family Assistance Office CCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes what is your CRN number? (10 digit number assigned by FAO)			
Surname Name:		First Name:	
Street Address			
Suburb		Postcode	
Local Govt Area		Date of Birth	
Home Phone No. :		Mobile No. :	
Email Address:			
Do you wish this email address to be used for correspondence including invoices for care? <i>If no, correspondence and invoices will be available for collection by you the parent/carer from the family folders located in each hall.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage Status:	<input type="checkbox"/> Married <input type="checkbox"/> Living de facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Work Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Contracted <input type="checkbox"/> Self Employed <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed		
Employer Name :			
Occupation:		Work Phone No	
Income Range	<input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$80,000 <input type="checkbox"/> \$80,000-\$120,000 <input type="checkbox"/> \$120,000+		
Do you receive a pension or a benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your current living arrangements?	<input type="checkbox"/> Owner of home <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Other (please specify) _____		
Country of Birth			
Are you of Aboriginal or Torres Strait Island Background?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

What languages are spoken at home?	
Do you require an interpreter?	
Do you require assistance to complete this form?	
Do you currently use any other service that Pole Depot offers? <i>If yes please specify below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent / Carer 2 Details & Background Info

Parent / Carer 2 details

If no second parent/carer to be advised please cross and initial this section.



All of this information is mandatory. Any form that does not have this information completed will be rejected and returned to the applicant.

For more information about Child Care Benefit please read section 1.3 of the OOSH Care Information Handbook or contact Family Assistance Office on 136150.

Information collected in this form relating to "Local Govt Area", "Work Status", "Employer Name", "Occupation", "Income Range", "Marriage Status", "Pensions or Benefits", "Living Arrangements", "Country of Birth" etc. are collected for statistical information to help us identify areas of need and support funding applications. None of this information is shared with any government departments, agencies or other organisations.

Background Information

Aboriginal or Torres Strait Island origins

Court Orders

Original documentation to be sighted by Manager or Childcare Coordinator.

Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer	
Are you the parent/carer that receives Family Assistance Office CCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what is your CRN number? (10 digit number assigned by FAO)		
Surname Name:		First Name:
Street Address		Suburb
Postcode		D.O.B.
Home Phone No. :		Mobile No. :
Email Address:		
Marriage Status:	<input type="checkbox"/> Married <input type="checkbox"/> Living de facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Work Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Contracted <input type="checkbox"/> Self Employed <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed	
Employer Name :		
Occupation:		Work Phone No
Income Range	<input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$80,000 <input type="checkbox"/> \$80,000-\$120,000 <input type="checkbox"/> \$120,000+	
Do you receive a pension or a benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your current living arrangements?	<input type="checkbox"/> Owner of home <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Other (please specify) _____	
Are you of Aboriginal or Torres Strait Island Background?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are any of the children you are applying for care for of Aboriginal or Torres Strait Island Background?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Are any of the children for whom you are applying for care, involved in a court order? (if yes please supply a copy for our records)	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Child's Details

Children's details

Information in this section is mandatory. Forms that do not have this information completed will be rejected and returned to the applicant.

If your child is known by another name please complete the section *Known As*. For example if your child has a non English name that needs to be used for the purpose of claiming child care subsidy this name should be included in the section First Name and their English name should be inserted in *Known As* section.

Note: If your child is commencing kindergarten in the upcoming year and no start date is specified Before and After School Care fees will be applied from the first day of school as advised by the NSW Education Department.

However we understand that your child/ren's commencement date may not have been supplied to you by the time this form needs to be completed. If this is the case please advise us by Friday 15th January 2010.

Child 1

Surname:			
First Name:		Known As	
Sex (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Child's FAO CRN for CCB Subsidy
Date of Birth	Day ____ Month ____ Year ____		
School grade in upcoming year		School Start Date (Kindergarten Only)	__/__/__
Country of Birth:			

Child 2

Surname:			
First Name:		Known As	
Sex (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Child's FAO CRN for CCB Subsidy
Date of Birth	Day ____ Month ____ Year ____		
School grade in upcoming year		School Start Date (Kindergarten Only)	__/__/__
Country of Birth:			

Child 3

Surname:			
First Name:		Known As	
Sex (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Child's FAO CRN for CCB Subsidy
Date of Birth	Day ____ Month ____ Year ____		
School grade in upcoming year		School Start Date (Kindergarten Only)	__/__/__
Country of Birth:			

Child Details

School Details

If your children attend different school please specify

School (please tick)	<input type="checkbox"/> Hurstville Grove Infant School <input type="checkbox"/> Mortdale Public School <input type="checkbox"/> Penshurst Public School <input type="checkbox"/> Narwee Public School <input type="checkbox"/> Penshurst West Public School <input type="checkbox"/> St Declans Catholic Primary School <input type="checkbox"/> _____ School <small>(must have own transport to centre)</small>
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Which children apply? (please tick)	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3
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and

School (please tick)	<input type="checkbox"/> Hurstville Grove Infant School <input type="checkbox"/> Mortdale Public School <input type="checkbox"/> Penshurst Public School <input type="checkbox"/> Narwee Public School <input type="checkbox"/> Penshurst West Public School <input type="checkbox"/> St Declans Catholic Primary School <input type="checkbox"/> _____ School <small>(must have own transport to centre)</small>
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Which children apply? (please tick)	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3
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Care Details

Please note that all care is offered on an availability basis however casual care is only available if maximum participation is not reached on a given day.

Parent's/carer's need to confirm availability of casual care no earlier than one week prior to the date care is required.

When participation numbers in centres are reaching the maximum, current families utilising casual care will be advised so that they have the option of changing their child's care to permanent placement.

Child 1

Before School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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After School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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Child 2

Before School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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After School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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Child 3

Before School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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After School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Casual
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Child Care Details

FAO Childcare Benefit Subsidy

Your child(ren) need to be registered for Child Care Benefit (CCB) Subsidy with the Family Assistance Office (FAO) regardless of whether you are claiming on a weekly basis or a yearly basis or not claiming at all. Please see section 1.3 of the OOSH Care Information Handbook for more details and our FAO provider reference numbers.

Is your child registered with the FAO for CCB Subsidy for our Before & After School Care Services?	Child 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Child 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Child 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any other children attending Childcare facilities other than Pole Depot? <i>(If Yes, documentation needs to be provided showing other child/ren's childcare attendance)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please indicate how many? <input type="checkbox"/> eg. 2, 3 etc.	
	Please advise other child/ren's full name(s) _____ _____	

Interests & Hobbies

Child 1	What are your child's interests and hobbies eg. sport, art, cooking, games, books etc	
Child 2	What are your child's interests and hobbies eg. sport, art, cooking, games, books etc	
Child 3	What are your child's interests and hobbies eg. sport, art, cooking, games, books etc	

Fears and Phobias

Do any of the children you are applying for care for suffer from fears or phobias?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1	<input type="checkbox"/> Child 2
	<input type="checkbox"/> Child 3
Please specify what fear or phobias and how to manage the problem.	

Alternative Contact & Family Medical Details

Emergency Contacts

The emergency contact person must be somebody other than the parent.

This person is authorised by you to collect your child/ren from care.

Please be advised that if you do not supply an emergency contact and the parent(s)/ carer(s) are unable to be contacted, the centre policy is to contact the local police station and DoCS.

Authorised Pick-Up

Please list all people that are authorised by you to collect your child/ren from care, other than parents/carers.

Doctor Details

Family Medicare Details

In case of an emergency having these details makes treatment of your child's injuries quicker.

Emergency Contact 1

Name:			
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Daytime Phone No.:		Mobile No. :	
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Emergency Contact 2

Name:			
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Daytime Phone No.:		Mobile No. :	
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Full Name Person 1:			
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Full Name Person 2			
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Full Name Person 3			
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Doctor Name:			
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Street Address:			
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Suburb.:		Postcode	
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Telephone No.:			
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Medicare No.:		Valid Date	
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Reference number on Medicare card:

Please insert the reference number of the child/ren eg. 1, 2, 3 etc., as shown below.

Child 1

Child 2

Child 3



Child's Medical History & Family Information

Information in this section is mandatory. Forms that do not have this information completed will be rejected and returned to the applicant

Immunisation

If your child/ren are not fully immunised please supply documentation on their current immunisation status.

Is your child immunised and is the immunisation up to date?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Special Needs

If there is not enough room in the space provided to specify all the details required please attach a page to the back of this enrolment form including a copy of any Management Plan and indicate that you have done this in the space provided on this page.

Have any of the children you are applying for care been diagnosed with a special need or are they undergoing diagnosis?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Please specify what kind of special need, who it was diagnosed by, how it affects your child and what management plans are in place including medication.

Additional requirements

Does your child use any specialised equipment? If yes please specify below	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Medical Information

If your child is medicated regularly, there is a separate form that you need to complete. Please ask staff for the form.

It is important that any medication is given to us for administration.

All medication information needs to be provided to us to ensure your child/ren's safety.

Have any of the children, for whom you are applying for care, been diagnosed with a medical condition? eg. Asthma, fits/seizures, allergies etc. especially anaphylaxis.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Please specify what medical condition, who it was diagnosed by, how it affects your child and what management plans are in place including medication.

Behaviour Management

If your child has a behaviour management issue you are required to fill in a separate form. Please ask staff for the form.

Please attach a copy of any management plan.

Do any of the children for whom you are applying for care, have behaviour management issues? eg. ADHD, non responsive, uncooperative etc.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Please specify what medical condition, who it was diagnosed by, how it affects your child and what management plans are in place including medication.

Lifestyle Choices

Is there anything that the children for whom you are applying for care, can not eat or participate in due to lifestyle or religious choices?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Please specify what foods or activities your child can not participate in.

Consents

Children covered by consent

Information in this section is mandatory. Forms that do not have this information completed will be rejected and returned to the applicant

Note: I understand that it is a condition of my child/ren's participation in any of these activities for me to accurately complete the medical record.

Attendance consent

I give the following consents for my children :

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

To attend out of school hours care conducted by Pole Depot Community Centre Inc. as indicated by me on this form and any Vacation Care Program booking for 2009. I understand that all due care will be taken by Pole Depot Community Centre and that the Centre or supervisors will not be held responsible for any loss of or damage to property or injury occurring during any/all program components.

Child 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 3 Yes <input type="checkbox"/> No <input type="checkbox"/>
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Medical Attention consent

To receive medical attention when necessary and that the cost incurred will be borne by me and I have read and understand section 6 & 7 of the OOSH Care Information Handbook

Child 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 3 Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Movie watching consent

To watch movies evaluated by our staff as appropriate and of an Australian Censorship Board rating of either 'G' or 'PG', in centre and on excursions.

Child 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 3 Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Photo and Video consent

To being photographed or videoed for the purpose of promoting Pole Depot Community Centre Inc. Our centres Duty of Care ensure that children's safety and privacy is of the highest priority at all times.

Child 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 3 Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Travel consent

To travel supervised by bus or walking, where necessary, to and from the school attended by my children and planned excursions during term and/or Vacation Care. I understand that due care will be taken at all times by Pole Depot employees and that the employee can not be held responsible for any damage or injury occurring during the travel. I understand that in cases of emergency a staff car may be used to transport my child.

Child 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Child 3 Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Consents (cont')

General Sports Participation consent

Information in this section is mandatory. Forms that do not have this information completed will be rejected and returned to the applicant

Note: I understand that it is a condition of my child/ren's participation in any of these activities for me to accurately complete the medical record.

To participate in the regular recreational activity program operated by Pole Depot Community Centre Inc. during out of school hours care. These may be soccer, football, ball games, running games, dancing, skipping games, climbing, etc. I understand that some of the activities in which they may participate will be physically and emotionally demanding. My child/ren's participation in any activity is voluntary and not compulsory. The organisation and staff will duly exercise their 'Duty of Care'.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Special Sports Participation consent

To participate in the following activity where special knowledge/equipment or experience is necessary, as shown.

Swimming – my child is capable and confident to swim in deep water, they can adequately swim by themselves (supervised).

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Bike Riding – my child is capable and confident to ride a push bike without assistance. They understand the necessity to wear protective equipment – helmet, gloves, knee guards – at all times whilst on their bike, and they will do so.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Face Painting/ Makeup Participation consent

I consent to my child/ren having their face painted during centre programmed activities.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Coloured Hairspray Participation consent

I consent to my child/ren having their hair decorated with coloured hairspray during centre programmed activities.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Sunscreen Participation consent

I consent to my child/ren being given sunscreen to apply on themselves while being supervised before outside activities.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

Agreements & Disclaimer

Code of Behaviour/ Code of Conduct Acknowledgement

I have read the Code of Behaviour (see section 9 OOSH Care Information Handbook) and agree to abide by the guidelines. I have read the guidelines to my child/ren and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child/ren is in breach of the guidelines.

Yes

No

Privacy and Confidentiality Acknowledgement

I acknowledge the information provided herein, in other documents or given verbally by me, will be held in the strictest confidence and privacy by Pole Depot Community Centre Inc. for the sole purpose of providing OOSH Care Services for my child/ren and that the information will only be released when legally required to do so.

Yes

No

OOSH Care Information Handbook Receipt

I have received and read the OOSH Care Information Handbook and agree to be bound by the information and policies outlined by Pole Depot Community Centre Inc. therein.

Yes

No

Disclaimer

I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at Pole Depot Community Centre Inc. has been included.

I understand that enrolment in the service(s) is conditional on the accuracy of the information supplied by me and that my child/ren's participation may be terminated with no refund of costs incurred, if the information is found to be inaccurate or misleading.

I understand that my responses to the above consents will be acted upon as I have directed and any alteration to these consents by me will need to be made in writing.

Parent / Carer Signatures

This section must be signed and witnessed only after all correct information has been completed and forms will not be accepted if this section is not complete.

In cases where no other witness can be found the Pole Depot staff by permission of the parent/ carer will act as witness.

Parent 1 / Carer 1

Parent Name: (please print)			
Parent Signature		Date :	
Witness Name: (please print)			
Witnessed Signature		Date	

Parent 2 / Carer 2

Parent Name: (please print)			
Parent Signature		Date :	
Witness Name: (please print)			
Witnessed Signature		Date	

Centre Information

Centre Survey Information

Pole Depot Community Centre is committed to responding to the needs of community by delivering relevant services and information and implementing community programs in response to identified needs.

All information collected in this registration form is private and confidential.

If anonymity is required please detach this page from the rest of the form and return to us in an envelope marked :-

Confidential
Community Services Programs Manager
Pole Depot Community Centre Inc
PO Box 152
Penshurst NSW 2222

Please help us to identify community needs by completing the following.

What difficulties have you or your family experienced in the last 12 months?
Please tick the boxes under each heading that apply to you

➤ **FAMILY RELATIONSHIPS**

- Divorce / Separation
- Parenting
- Caring
- Domestic Violence
- Death

➤ **FINANCIAL**

- Centrelink Benefits
- Financial Skills
- Budgeting

➤ **EMPLOYMENT**

- Job search
- Training
- Interview / Resume skills

➤ **PHYSICAL HEALTH**

- Medication
- Dementia
- Sickness
- Access to services

➤ **MENTAL / EMOTIONAL HEALTH**

- Depression
- Stress
- Mental Illness

➤ **LEGAL ISSUES**

- Wills
- Entitlements
- Guardianships
- Legal advise

➤ **ACCOMMODATION**

- Public housing
- Tenant Issues
- Homelessness

➤ **CULTURAL & LINGUISTIC NEEDS**

- English lessons
- Interpreting
- Immigration

➤ **LACK OF SOCIAL SUPPORT**

- Outings
- Home visits
- Groups

➤ **DRUG & ALCOHOL ISSUES**

➤ **OTHER ISSUES** *(please specify)*

What assistance could have helped you?

Centre Information

Centre Survey Information

The information contain in this section helps Pole Depot keep up to date with how we can best serve the community

Which of the following services did you know Pole Depot offered the community? *(please tick all that apply)*

- | | |
|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Love the Skin Women's Group |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |

Do you or anyone you know use any of these services? *(please tick all that apply)*

- | | |
|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Love the Skin Women's Group |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |

How did you know about Pole Depot? *(please tick)*

- | | |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Friends/ other parents |
| <input type="checkbox"/> Bush Telegraph newsletter | <input type="checkbox"/> Local schools |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Local council |
| <input type="checkbox"/> Local libraries | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | |

What activities would you like to see offered to the St George community that may be of interest to you/ your family?

Would you be interested in receiving information or talking to a representative of Pole Depot?

Yes

No

If yes, please indicate below which services you are interested in.

- | | |
|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Love the Skin Women's Group |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |

This section only needs completing if you are returning this page separately to the rest of the form.

If you are interested in receiving more information and you intend to return this page separately to the rest of the form please provide contact information below

Name:		Contact No.	
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Pole Depot Membership & Associate Membership

Membership of our Centre shows you support the Centre and the services we operate. It shows Federal, State and Local governments that we have the support of the community and the people who use our services and provides us with a real benefit when seeking funding or lobbying government for change.

Full membership

Full membership provides members with voting rights, eligibility to nominate to the Board, invitations to the Annual General Meeting and other PDCC events and PDCC literature.

The following people and Organisations are eligible to become members of the organisation:

- Persons who live or work in St George, comprising the municipalities of Hurstville, Rockdale and Kogarah.
- Persons who are users of the Centre, regardless of boundaries.
- Persons with areas of identified expertise by the organisation which will benefit the effective operation of the Centre, as deemed by the Board, regardless of boundaries.
- Community-based organisations located in St. George and providing services to the community in line with the objects of PDCC.

The following persons are not eligible to become members of the organisation:

1. Persons paid a salary or wage as an employee of the Centre.
2. Persons less than 18 years of age.
3. Former Pole Depot employees.

Associate Membership

Associate members shall be persons or representatives of organisations interested in the activities of the organisation but who choose not to be a full member of the organisation as described above. Associate members shall have no voting rights and shall be ineligible for election to the Board, shall not be included in quorum requirements of the organisation but shall receive a copy of all PDCC literature distributed to members of the organisation.

An application for either a full member or associate member costs \$5 plus the annual fee. Full membership is \$5 per annum and Associate membership is \$2 per annum.

To become a member or an associate member simply fill in the form below and return it with payment in the envelope provided when you return this registration form.

NOTE: Renewal of membership forms are available from our office during business hours

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

(Incorporated under the Association Incorporations Act, 1984)

Full name of Applicant:

Address:

Pole Depot Community Centre (PDCC) Board may occasionally seek the support/input of its members on specific issues. Would you be prepared to assist us? Yes No (please circle)

In order to identify potential support, could you please complete the following:

Country of birth:

Occupation:

Skills/experience, please tick:

- | | | |
|-----------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Marketing / Promotion | <input type="checkbox"/> Accounting | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Submissions / Tenders | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Working with Government Bodies | |
| <input type="checkbox"/> Others (please list) | | |

Have you used/are using a PDCC service? Yes / No (please encircle)

- If yes, please tick relevant service:
- | | |
|------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Work for the Dole |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Neighbourhood activities |
| <input type="checkbox"/> Chinese | |

Community involvement (please list):

Current or previous involvement (please list):

Would you be interested in joining the Pole Depot Board? Yes No

I hereby apply to become a Full member Associate member of the above mentioned incorporated association. Enclosed is my payment of:

- \$5.00 as admission fee (once off payment when applying)
- \$5.00 as annual full membership fee
- \$2.00 as annual associate membership fee

Total _____ (total cost Membership - Full \$10 or Associate \$7)

As member, I agree to be bound by the rules of the association for the time of my membership.

.....
Signature of Applicant Date

I, a member of the Association nominate
(Full name)
the Applicant, who is personally known to me for membership of the association.

.....
Signature of Proposer Date

I, a member of the Association, second the
(Full name)
nomination of the Applicant for membership of the association.

.....
Signature of Applicant Date

Membership Approved / Declined at Board meeting held(date)

