Narrabri & District Community Aid Service Inc.
53-55 Maitland St Narrabri ~ P.O.Box 593
Narrabri NSW 2390
Ph: 02 67924900
Email: playgroup@ndcas.com

NDCAS Families & Youth Service Enrolment

Playgroup

PARENT/CARER INFORMATION

Date: _____ How did you hear about us: _____

Adults Name: _____ Date of Birth: _____

Gender: Male Female Other: _____

Address: _____

Town/Suburb: _____ State: _____ Post Code: _____

Phone/Mobile: _____

Email: _____

What country were you born in: _____

What is the main language you speak at home: _____

Cultural Background: Aboriginal Torres Strait Islander Other: _____

Anything further you would like us to know in the areas of culture & language?

_____

Medical issues, allergies, disabilities or concerns: _____

_____

Do you have any concerns that we may be able to assist/support your family with?

_____

_____

Emergency Contact Details:

Name	Phone	Relationship

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PLEASE COMPLETE FOR EACH CHILD OR YOUNG PERSON IN YOUR FAMILY/IN YOUR CARE

Your relationship to child/young person: _____

Child/Young Person's Name: _____

Date of Birth: _____ Gender: Male Female Other

Immunisation Current: Yes No

Diagnosed medical issues, allergies, disabilities or parental concerns: _____

_____

The following questions can be left blank if the answers are the same as those of the parent/carer

Address: _____

Town/Suburb: _____ State: _____ Post Code: _____

Country of birth: _____ Language spoken at home: _____

Cultural Background: Aboriginal Torres Strait Islander Other: _____

Your relationship to child/young person: _____

Child/Young Person's Name: _____

Date of Birth: _____ Gender: Male Female Other

Immunisation Current: Yes No

Diagnosed medical issues, allergies, disabilities or parental concerns: _____

_____

The following questions can be left blank if the answers are the same as those of the parent/carer

Address: _____

Town/Suburb: _____ State: _____ Post Code: _____

Country of birth: _____ Language spoken at home: _____

Cultural Background: Aboriginal Torres Strait Islander Other: _____

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Publicity Authorisation & Release

I understand that the Narrabri & District Community Aid Service Inc. (NDCAS) uses photos of my child/children in events and activities on:

- The NDCAS Website and social media platforms
- Public Displays
- Promotional Material
- The NDCAS Annual Report
- Any printed publication or reporting document produced by (NDCAS)

- I give permission for the Narrabri & District Community Aid Service Inc. to use photographs of my child/children for promotional or reporting purposes
- I ask for no payment or acknowledgement
- I understand that my child/children's name may be used as identifiable information with the photo
- I understand that NDCAS can restrict photos taken in their venues but cannot control photos taken in public places or events
- I am able to raise any concerns or complaints with the NDCAS Manager at any time

I have read and understood the NDCAS Publicity Authorisation and Release and am aware that I can withdraw consent at any time by notifying the Manager.

YES ☐ NO ☐

I consent for photos of the child/children in my care to be taken and used in the manner stated above.

YES ☐ NO ☐

Parent/Carer: _____ Date: _____

Signature: _____

Reference:
Privacy and Personal Information Protection Act 1998 (NSW)
NSW Information and Privacy Commission

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Consent to store and record

Your personal information is protected under law and will not be passed on to anyone without your consent. You do not have to consent to sharing your personal information. If you do not consent it will not affect the support you receive. If you do consent you can ask for the information to be removed at any time.

Families & Youth – Playgroup

I (the client) consent for my/my family's information to be collected and entered into an IT system called Community Data Solutions (CDS). I understand that statistical data is reported to the Data Exchange (DEX) which is hosted by the Australian Government Department of Social Services and that any persons entered will be de-identified.

YES ☐ NO ☐

I consent to being contacted by DSS for follow up research, surveys, or evaluation?

YES ☐ NO ☐

Conditions of Participation

I, the undersigned, hereby give permission for the children in my care to participate in the activities offered by Busy Little Hands at Play Supported Playgroup. I undertake on behalf of myself, my executors and children in my care attending, to indemnify, hold blameless and absolve Busy Little Hands at Play Supported Playgroup and its parent organisation Narrabri & District Community Aid Service Inc. (NDCAS), the holdings, and any member of staff, parent or any other person instructed to the program, against and from any or all claims whatsoever that may arise in connection with any loss of or damage to the property of or injury to myself or children in my care in the course of or arising from activities associated with NDCAS programs. I understand that NDCAS has taken reasonably practicable steps to protect the safety of participants in preparation of its programs but that it is my responsibility to supervise the children in my care.

Parent/Carer: _____ Date: _____

Signature: _____