

3Bs playgroup enrolment form

Office use:

Enrolment date:

End date:

Privacy Statement

Eurobodalla Shire Council is required to comply with the information protection principles in the Privacy and Personal Information Act 1998 (PIIP Act) and the Health Records and Information Privacy Act 2002 (HRIP Act). These principles regulate the collection, storage, use and disclosure of personal information held by government agencies. Council is committed to the Privacy principles contained within these Acts and provides a guide for staff members on proper information handling practices. Generally, any personal information you provide to Council will only be used and/or disclosed for the Council's purposes, or a directly related purpose, unless you consent to another use or disclosure, in emergencies, or as otherwise required or authorised by law.

Playgroup Location:

Child details (1):	Surname:	Given Name/s:
Residential address:		
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Language/s spoken at home		
Country of Birth	Cultural Background (i.e. Irish, Chinese, Indian)	
Indigenous:	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Name of school/ preschool or daycare		

Child details (2):	Surname:	Given Name/s:
Residential address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Language/s spoken at home		
Country of birth	Cultural Background (i.e. Irish, Chinese, Indian)	
Indigenous:	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Name of school/ preschool or daycare		

Child details (3):	Surname:	Given Name/s:
Residential address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Language/s spoken at home		
Country of birth	Cultural background (ie. Irish, Chinese, Indian)	
Indigenous:	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Name of school/ preschool or daycare		

Child details (4):	Surname:	Given Name/s:
Residential address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Language/s spoken at home		
Country of birth	Cultural background (ie. Irish, Chinese, Indian)	
Indigenous:	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Name of school/ preschool or daycare		

Child details (5):	Surname:	Given Name/s:
Residential address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Language/s spoken at home		
Country of birth	Cultural background (ie. Irish, Chinese, Indian)	
Indigenous:	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Name of school/ preschool or daycare		

Parent/guardian details	Parent/guardian 1 <input type="checkbox"/> Male <input type="checkbox"/> Female Name:	Parent/guardian 2 <input type="checkbox"/> Male <input type="checkbox"/> Female Name:
Residential address		
Mobile phone No. & Email address		
Date of Birth:		
Country of birth		
Language/s spoken at home		
Cultural background (ie. Irish, Chinese, Indian)		
Indigenous:	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

Medical information	
<p>Do you or your child/ren have any allergies, asthma and/or anaphylaxis or any other medical condition? (eg. epilepsy, diabetes, heart condition, mental health issue etc.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, what is the name of the person/s</p> <p>_____</p> <p>What is the required management?</p>	<p>Do you or your child/re have any additional needs or a disability? (eg. intellectual learning, sensory/speech, cerebral palsy, autism, ADHD, physical disability etc.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, what is the name of the person/s</p> <p>_____</p> <p>What is the required management?</p>

Emergency contacts	Contact 1	Contact 2
Name:		
Address		
Phone number		
Relationship to family		

Permissions, general information and consents

I give permission for my child's image to be used by Eurobodalla Shire Council for the promotion of Council services, events and activities in the following ways:

- Council's website
- Exhibitions or displays
- Publications (such as the Annual Report or public displays)
- Media (Newspaper, local magazines, TV, Facebook)
- Support material/brochures

OR

- All of the above

Signed: _____

Date: _____

I would like to attend school holiday activities for the whole family?

- Yes
- No

How did you hear about 3Bs playgroup? (please tick any that apply)

- A friend/family
- Newspaper
- Newsletter
- Notice board
- The 3Bs van
- Preschool
- School
- Bus advertising
- Another playgroup
- Agency referral

Other (please specify) _____

I agree to have my personal information stored by Eurobodalla Shire Council and this information to be used for reporting to the Department of Social Services (DSS) to improve our service and to make sure it is delivering good outcomes which may also include surveys for follow up research. A non-identifying client number will be used when sharing information with the DSS.

Consent for Eurobodalla Shire Council to collect and use personal information?

- Yes
- No

Consent for future contact for survey/research/evaluation?

- Yes
- No

I agree to discharge and to hold Eurobodalla Shire Council harmless for any accidents, harm or loss which this child may suffer as a result of his/her participation in this activity; indemnify Eurobodalla Shire Council and its servants of any damages, expenses, claims, actions and suites arising out of or in any way connected to this activity; I understand that Eurobodalla Shire Council will not be responsible for any incidents that occur whilst participating in this activity.

Signed: _____

Date: _____