

Out of Hours Support

ENROLMENT FORM

PRIVACY

BLAIRLOGIE LIVING & LEARNING IN PARTNERSHIP WITH YARRABAH SCHOOL IS COLLECTING THIS INFORMATION FOR THE PURPOSE OF ENROLLING YOUR FAMILY MEMBER OR PERSON YOU CARE FOR IN THE YARRABAH SCHOOL OUT OF HOURS SUPPORT PROGRAM.

This information will be used for administration purposes and to contact you in the event of an emergency, or purposes directly related to Blairlogie. It will not be disclosed to any other party except as required by law. If you fail to provide this information, the enrolment may not be processed. You may access this information by contacting Blairlogie Living & Learning.

PLEASE COMPLETE THIS ENROLMENT FORM AND RETURN IT TO BLAIRLOGIE AT THE ADDRESS LISTED BELOW.

PLEASE NOTE: This enrolment form must be completed before out of hours support service can be utilised.

If the participant is not a registered user of Blairlogie services please complete the Blairlogie Intake Form.

PARTICIPANT DETAILS

Title: _____ First Name: _____ Last Name: _____

Postal/Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Home Phone: _____

Date of Birth: _____

PARENT/CARER DETAILS

Email _____

Title: _____ First Name: _____ Last Name: _____

Postal/Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Home Phone: _____

BOOKING INFORMATION

The Out of Hours Support offers both permanent and casual bookings.

Permanent bookings: for participants that consistently use the out of hours support service

Casual Booking: for participants using the out of hours support regularly/occasionally. Casual bookings must be made NO LATER than 12noon on the day service is required. Casual Bookings cannot be guaranteed and will be subject to availability.

PERMANENT BOOKINGS ONLY: Please complete this section

Start Date: _____ End Date: _____

I would like to book into Yarrabah out of hours support program on:

Monday

Tuesday

Wednesday

Thursday

Friday

MEDICAL INFORMATION

Is there any medication that is required to be administered to the participants while they are attending the out of hours support service?

YES

NO

If yes please complete a Blairlogie Medication Treatment Sheet (please note this must be completed by a Doctor)

PARENT/CARER DECLARATION

1. I approve of my child (or person I care for) involvement in Blairlogie Living & Learning's in partnership with Yarrabah School, Out of Hours Support service, hereafter referred to as the "Service", and have read all conditions on this form.
2. I authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for my child (or person I care for) and agree to meet any expenses attached to such treatment.
3. I acknowledge that my family member (or person I care for) will not attend the Service if suffering from an infectious or communicable disease as identified by the Department of Health.
4. I understand that if my family member (or person I care for) arrives at The Service and is deemed by Blairlogie staff to be unwell, I will be contacted and required to pick my family member (or person I care for) up immediately.

5. Except as otherwise expressly required by law, Blairlogie does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the Service due to any cause whatsoever unless caused by the proven negligence of Blairlogie, its Director or employees.
6. I understand that my family member (or person I care for) will be liable to pay for any costs incurred as a result of deliberate property or equipment damage.
7. I understand that if my family member (or person I care for) continuously demonstrates inappropriate behaviour, after guidance procedures/strategies have been followed, I will be notified and my family member (or person I care for) may be removed or suspended for a period to be determined or excluded permanently from the Service.

Parent/Carer Signature: _____ Date: _____

Please return this completed form to:
Blairlogie Living & Learning
PO Box 1440
PEARCEDALE VIC 3912
OR
Email: Jaye.caudwell@blairlogie.org
