

REGISTRATION FORM

PERSONAL DETAILS

Mr Ms Miss Mrs Surname: _____

Given names: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

POINTS OF CONTACT

Emergency Contact:

Name: _____ Relationship: _____

Contact Number: _____

Next of Kin:

Name: _____ Relationship: _____

Contact Number: _____

Consulting Physician:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

MEDICAL DETAILS

Do you have any medical conditions or food allergies? Yes No

If yes, please specify:

Are you on any medication? Yes No

If yes, please specify:

Do you need a medication authority? Yes No

VERIFICATION OF INFORMATION

Has this form been completed by anyone other than the student? Yes No

If yes, please state your name and relationship with the participant:

Name: _____ Relationship: _____

I certify the above information is true and correct. If any of the above information changes, I will inform People Come First.

[Name]

[Signature]

[Date]

Office Use Only

Has the students's medication / tablets been provided to PCF? Yes No N/A

Has an Authority to Release Information form been completed? Yes No

PERSONAL INFORMATION DISCLOSURE PERMISSION FORM
(Participants / Students / Employees / Volunteers)

People Come First understands how important it is to protect your personal information and takes all reasonable steps in order to comply with the Privacy Act (Amended 2014) in respect to the personal information you provide us with.

This permission form is to enable us to inform you of the types of ways in which your personal information is used by the organisation, and to allow you to give permission for its use.

Your personal information is likely to be found in:

- Incident forms
- Continuous Improvement Forms
- Other organisational reports
- Newsletters
- Memos
- Brochures
- Handbooks

When being a staff member or volunteer or even a program participant at People Come First you may become involved in social activities and committees. If you are willing to have your name and or photograph included in minutes of meetings, newsletters or on notice boards, please sign the attached Privacy and Confidentiality of Personal Information Disclosure form.

ACCEPTANCE

I agree to:

	Yes	No
• having my name inserted in minutes of meetings	<input type="checkbox"/>	<input type="checkbox"/>
• having my name included in committee membership lists	<input type="checkbox"/>	<input type="checkbox"/>
• my birthday announced in newsletters	<input type="checkbox"/>	<input type="checkbox"/>
• my photograph displayed internally on noticeboards	<input type="checkbox"/>	<input type="checkbox"/>
• my name mentioned in relation to activities of the organisation in the newsletter	<input type="checkbox"/>	<input type="checkbox"/>
• my name and photograph appearing in the local paper in relation to activities of the organisation	<input type="checkbox"/>	<input type="checkbox"/>
• my name and photograph appearing in organisational promotional material and on the organisation's website.	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Date: _____

Signature: _____

Once completed return to Human Resources.

Date received: _____

Signature of HR Manager: _____

File original in Participant, Employee or Volunteer's Personnel File or Records