



Enrolment Details 2018

Child Details

Child's First Name		Child's Surname			
Date of Birth		Gender	Male		Female
Home Address					
		Postcode			
Diagnosis					

Parent/Carer Details

Adult 1 Title	Mr		Mrs		Ms		
Name							
Relationship to child					D.O. B.		
Address (if different)							
Occupation				Place of work			
Contact number				Preferred method			
Email Address							
Is this person Aboriginal or Torres Strait Islander						No	
Any cultural background	Yes		No		Details		
Adult 2 Title	Mr		Mrs		Ms		
Name							
Relationship to child					D.O. B.		
Address (if different)							
Occupation				Place of work			
Contact number				Preferred method			
Email Address							
Is this person Aboriginal or Torres Strait Islander				Yes		No	
Any cultural background	Yes		No		Details		
Does either parent or carer qualify for, and receive any of the following payments /benefits?							
Carers allowance	Yes		No		Applied for		
Family Health Care Card	Yes		No		Expiry date		



Noah's
EVERY CHILD,
EVERY OPPORTUNITY.

Medical Information

Has the child had a hearing test?	Yes		No		Date	
Result						
Has the child had a vision test?	Yes		No		Date	
Result						
Is the child on any medication?	Yes		No			
Details						
Has the child been immunised?	Yes		No			
Result						
Does the child have any allergies?	Yes		No			
Details						
Does your child have physical support needs?	Yes		No			
Details						

Professionals/Services Currently Involved

Family Doctor		Phone	
Paediatrician		Phone	
NDIS No		Medicare No	

Service name		Type	
Contact person		Phone	
Service name		Type	
Contact person		Phone	
Service name		Type	
Contact person		Phone	
Service name		Type	
Contact person		Phone	



Noah's
EVERY CHILD,
EVERY OPPORTUNITY.

Emergency Contacts

These people must be made aware that they will be contacted if we are unable to contact parents/carers. I give permission to the centre to release the enrolled child to the care of the following people.

Contact 1 - Name	
Relationship to child	
Address	
Place of employment	
Contact Number	
Email address	
Contact 2 - Name	
Relationship to child	
Address	
Place of employment	
Contact Number	
Email address	



Noah's
EVERY CHILD,
EVERY OPPORTUNITY.

Permissions Valid From 01/01/2018-31/12/2018

1. Please list below any change of details since enrolment e.g. contact details, diagnosis, court orders		
2. Permission for Noah's staff to act in emergency	Yes	No
3. Permission for observations	Yes	No
I consent to my child being the subject of observations; however, if questioning or testing of the child is to be undertaken my permission will be sought beforehand.		
4. Permission for photos and audio-visual media	Yes	No
I consent for Noah's Inclusion Services staff to take photos and audio-visual material of my child for the purpose of coaching myself or others (including staff from other involved centres/agencies and Noah's Inclusion Services staff).		
5. Permission for publicity	Yes	No
I consent to my child's photograph, name, age and suburb being used for publicity for Noah's Inclusion Services.		
6. Permission for exchange of information	Yes	No
I understand that I am able to withdraw consent from Noah's Inclusion Services and/or individual staff members at any time. I consent to Noah's Inclusion Services staff to obtain or release verbal and written information in relation to my child. To all other agencies (Medical Practitioners, Educators, Specialist Practitioners, Allied Health staff, School Counsellors, ISDAS, etc) or as listed below.		
7. Noah's inclusion Service mailing list	Yes	No
I am happy to be included in the Noah's Inclusion Services email list for the purpose of receiving relevant information about programs and events.		



Noah's
EVERY CHILD,
EVERY OPPORTUNITY.

Parent/Carer acknowledgement and understanding

A- Attending Noah's Inclusion Services

- I understand that my child will be involved in a Noah's Inclusion Services program and that the child's participation in the program will be reviewed on a regular basis
- I understand that Noah's protects the privacy and confidentiality of its clients and meets the requirements of relevant privacy legislation and principles
- I understand that there is a requirement for me to complete and provide all necessary documentation to Noah's Inclusion Services in order to access services
- I understand that my child's NDIS/HCWA/BSI funding will be used for service fees for my child's program and I will be required to partake in regular signing of service delivery documentation
- I understand that Noah's Inclusion Services staff are considered mandatory reporters and, as such, will meet the requirements of the Children and Young Persons (care and protection) Act 1998, by reporting to Community Services any concerns about the safety and welfare of a child
- I understand that it is my right to pursue any complaint about service provision provided without retribution
- I have read and understand the Noah's Inclusion Services rights and responsibilities policy provided in my parent information pack
- I understand that I may withdraw/change consent to receive support from Noah's Inclusion Services at any time

B- Respecting others

- Parents and carers will respect the rights to privacy and confidentiality at Noah's, its staff and other families, carers and children receiving support from Noah's Inclusion Services

This will include

- a. Not revealing any private or confidential information in relation to Noah's Inclusion Services, its staff and other families, carers and children receiving support on social media or any other publicly shared medium e.g. Twitter, Instagram, Facebook.
- b. Noah's inclusion Services social media pages will be monitored regularly and any inappropriate material posted will be removed by the Noah's administrator.
- c. Not discussing any aspect of another individual's support or confidential information relating to Noah's Inclusion Services, its staff, practices etc. unless this information is already publicly available and known.
- d. Not taking photos or videos containing images of other families, carers and children when associated with Noah's Inclusion Services (e.g. during group sessions, program activities) without their explicit consent.

Signing

Name :			
Signed :		Date:	