Port Melbourne Neighbourhood Centre Inc.

GET OUT OF TOWN APPLICATION FORM

Parents/Caregivers A (MOTHER)

First Name:_____

Surname:_____

Address: _____

_____

_____Postcode _____

Phone:_____

Email:_____

Parents/Caregivers B (FATHER)

First Name:_____

Surname:_____

Address: _____

_____

_____Postcode _____

Phone:_____

Email:_____

Would you prefer correspondence via email? YES ☐ NO ☐

Children's Information:

CHILD 1

First Name:_____

Surname:_____

Date of Birth: ☐☐/☐☐/☐☐

Age : Gender : ☐ Male ☐ Female

Special needs / diet / interests

_____

CHILD 2

First Name:_____

Surname:_____

Date of Birth: ☐☐/☐☐/☐☐

Age : Gender : ☐ Male ☐ Female

Special needs / diet / interests

_____

CHILD 3

First Name:_____

Surname:_____

Date of Birth: ☐☐/☐☐/☐☐

Age : Gender : ☐ Male ☐ Female

Special needs / diet / interests

_____

CHILD 4

First Name:_____

Surname:_____

Date of Birth: ☐☐/☐☐/☐☐

Age : Gender : ☐ Male ☐ Female

Special needs / diet / interests

_____

CHILD 5 **CHILD 6**

First Name:_____	First Name:_____
Surname:_____	Surname:_____
Date of Birth:☐☐/☐☐/☐☐	Date of Birth:☐☐/☐☐/☐☐
Age : Gender : ☐ Male ☐ Female	Age : Gender : ☐ Male ☐ Female
Special needs / diet / interests	Special needs / diet / interests
_____	_____

Attendance: who is attending? **Indicate Parent A & or B - Child 1, 2, 3, 4, 5, 6 in the table below by adding their name.**

DATE	ACTIVITY	TIME	PARENT/CAREGIVER ATTENDING	CHILDREN ATTENDING
Friday 5th January 2018	Funfields - WHITTLESEA	9AM- 3.45PM		1.
				2.
			1.	3.
			2.	4.
				5.
				6.
Saturday 13th January 2018	Ballarat Wildlife Park – BALLARAT EAST	9.00 – 3.45PM		1.
				2.
			1.	3.
			2.	4.
				5.
				6.
Tuesday 16th January 2018	The Nut Job 2 – CROWN CINEMAS	10.45 – 12.30		1.
				2.
			1.	3.
			2.	4.
				5.
				6.

PLEASE NOTE THAT ONLY PARTICIPATES THAT ARE BOOKED ON THIS FORM WILL BE COUNTED & ABLE TO ATTEND

All participants must have a concession card

Which concession care done you have?_____
Please attach a copy of your current concession card to this enrolment form

Please note your booking will not be processed until copy of your current concession card is attached

Medical Consent (Must complete)

I, _____ give permission for the staff of the Port Melbourne Neighbourhood Centre to seek medical attention for myself or the children under my care should it be necessary, during any Get out of Town day outings or activities

Signed _____ Date: _____

Emergency Contact: (Must complete)
Not Parents/Caregivers

Name: _____ Relationship to family: _____

Phone 1: _____ Phone 2: _____

Photography

I give consent for my child/children and families photos to be used by PMNC for publicity on our website and social media site. YES ☐ NO ☐

I give consent for my child/children and families photos to be used by PMNC for seeking future funding for the GOOT program, only within the Port Phillip Council. YES ☐ NO ☐

PMNC's duty of care is to ensure that your families safely & privacy is of the highest priority at all times

What is your cultural background?_____

How did you hear about this program?_____

_____

Have you or your family used any of the following local services?

Please tick box

Counselling (individual and family)	
Community Legal Service	
Pre-school dental service	
Tenants support service	
Inner South Community Health Service	
Financial Counselling	
Speech therapy	
Holiday programs	
Home care for children with special needs	
Migrant services	
Financial assistance	
Centrelink	
Adult Education	
Child-care	
Maternal Health Nurse	
Neighbourhood House programs	
Churches	
Support Worker	

Would you like to be linked in with any of these services? (It can be arranged for you) Yes / No
Which ones? _____

Unfortunately numbers are limited and priority is given to new families.
We will let you know as soon as possible whether you have been accepted into this program

Please return your form to Port Melbourne Neighbourhood Centre- Corner Nott & Liardet Sts, Port Melbourne.
PO BOX 721, Port Melbourne, VIC 3207

Email : admin@pmnc.org.au
Phone: 9645 1476 **Fax**: 03 9645 4530
GOOT Mobile 0497301845