

# COMPLIMENTARY MEMBERSHIP FORM



Thank you for joining Playgroup Queensland. Your membership card will be emailed to you. For further information or support, call Playgroup Queensland on 1800 171 882.

## MEMBERSHIP DETAILS

Family Professional Volunteer Parent Carer

Playgroup/s name: \_\_\_\_\_ Session day: \_\_\_\_\_ Session Time: \_\_\_\_\_

Volunteers if you attend playgroup without a child do you have a Blue Card? Yes No

If yes: Blue Card Number: \_\_\_\_\_ Expiry Date: / /

Please provide relevant documentation to Playgroup Queensland.

Alternatively, please provide a teacher registration number: \_\_\_\_\_ Expiry Date: / /

If no: Please contact Playgroup Queensland to obtain necessary paperwork for Blue Card verification process.

## PARENT / CAREGIVER

New member:  Yes  No Membership no. (if rejoining) \_\_\_\_\_

Your relationship to Child/ren: \_\_\_\_\_ Other playgroup attendees  Mother  Father  Grandparent  Other

Mr  Mrs  Ms  Other Full name \_\_\_\_\_ Are you known by another name: Y  / N

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth / / Is this birth date an estimate? Y  N  Email \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Country of Birth \_\_\_\_\_

Identify as (Tick all that apply):  Aboriginal  Torres Strait Islander  Pacific Islander  Culturally diverse (born overseas)

Culturally diverse (born in Australia)  Prefer not to say  Other

Health issue/disability (please tick relevant boxes):  Learning  Psychiatric  Sensory  Physical  Not stated

How did you hear about us (tick all that apply)?  Playgroup Member  Website  Advertisement  Other \_\_\_\_\_

What is your preferred method of contact?  Any  Email  Phone

Emergency contact full name \_\_\_\_\_ Telephone number \_\_\_\_\_

Their relationship to child/ren : (tick all that apply)  Parent  Grandparent  Foster parent/Carer  Other \_\_\_\_\_

## CHILDREN ATTENDING PLAYGROUP

Child 1 full name: \_\_\_\_\_ Child known by another name/Alias: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of birth: / / Is birth date an estimate? Y  / N

Gender:  Male  Female  Intersex/indeterminate

Health issue/disability (tick all that apply):  Learning  Psychiatric  Sensory  Physical  Not stated

Identify as (Tick all that apply):  Aboriginal  Torres Strait Islander  Pacific Islander  Culturally diverse (born overseas)

Culturally diverse (born in Australia)  Prefer not to say  Other

Child 2 full name: \_\_\_\_\_ Child known by another name/Alias: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of birth: / / Is birth date an estimate? Y  / N

Gender:  Male  Female  Intersex/indeterminate

Health issue/disability (tick all that apply):  Learning  Psychiatric  Sensory  Physical  Not stated

Identify as (Tick all that apply):  Aboriginal  Torres Strait Islander  Pacific Islander  Culturally diverse (born overseas)

Culturally diverse (born in Australia)  Prefer not to say  Other

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Child 3 full name: \_\_\_\_\_ Child known by another name/Alias: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of birth: / / Is birth date an estimate? Y  / N

Gender:  Male  Female  Intersex/indeterminate

Health issue/disability (tick all that apply):  Learning  Psychiatric  Sensory  Physical  Not stated

Identify as (Tick all that apply):  Aboriginal  Torres Strait Islander  Pacific Islander  Culturally diverse (born overseas)

Culturally diverse (born in Australia)  Prefer not to say  Other

Child 4 full name: \_\_\_\_\_ Child known by another name/Alias: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of birth: / / Is birth date an estimate? Y  / N

Gender:  Male  Female  Intersex/indeterminate

Health issue/disability (tick all that apply):  Learning  Psychiatric  Sensory  Physical  Not stated

Identify as (Tick all that apply):  Aboriginal  Torres Strait Islander  Pacific Islander  Culturally diverse (born overseas)

Culturally diverse (born in Australia)  Prefer not to say  Other

Consent for future contact and to participate in research and evaluation  Consent to provide details to Government departments  I acknowledge that I have been provided with sufficient information to understand how my information may be used

Personal information collected on this form will be used by Playgroup Qld as it relates directly to the programs and services we provide to you and it is required by law. Your personal information will be handled in accordance with *The Privacy Act 1988* (Cth), Australian Privacy Principles. Our Privacy Policy is available at [playgroupqld.com.au](http://playgroupqld.com.au). For information about our Privacy Policy please contact us by email [info@playgroupqld.com.au](mailto:info@playgroupqld.com.au) or telephone 1800 171 882.

Parent/Caregiver signature: \_\_\_\_\_ Date: / /

## OFFICE USE ONLY

Amount Received/Reconciled: \$ \_\_\_\_\_ Expiry Date: / /

Funding Code: \_\_\_\_\_ Expiry Date: / /

Payment Date: \_\_\_\_\_ CRM: \_\_\_\_\_

Approval signature: \_\_\_\_\_ Date: / /