



# BELLARINE TRAINING AND COMMUNITY HUB INC

PO BOX 420 OCEAN GROVE 3226 PHONE: (03) 5255 4294  
EMAIL: [manager@btach.com.au](mailto:manager@btach.com.au) ABN: 45 840 639 622 INC: A0026078K

## DROP IN (YOUTH PROGRAM) Intake Form

Name: \_\_\_\_\_

School Attended: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

I/We give permission for \_\_\_\_\_ to participate in the Bellarine Training and Community Hub's youth group. I am aware that the Bellarine Training and Community Hub will not be held responsible for medical expenses and damages occurred whilst \_\_\_\_\_ is participating within the structure of the group.

The Bellarine Training and Community Hub reserves the right to ask any participant to leave the group if not conducting themselves in an appropriate manner, or abiding by the rules as determined by the group. All participants are made aware of these rules. The youth group is a drug and alcohol free activity.

In the event of an accident, all efforts will be made to contact the emergency person listed on the medical form overleaf. If this person can not be contacted I/we authorise the person in charge to secure emergency medical services to aid our child, and give consent to this person receiving such medical/surgical treatment as may be deemed by a legally qualified medical practitioner.

I give/ do not give (please circle) consent for \_\_\_\_\_ photo and/or video to be taken whilst participating within the Drop In program and consent to the photo/video being published on relevant web pages, BTACH web site, social media or used in BTACH marketing and promotion materials.

I/We have read and agree to the terms stated on the form and give our consent for him/her to participate in the youth group.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of young person: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the medical form overleaf.

**PRIVACY:** Bellarine Training and Community Hub acknowledges and respects the privacy of individuals. The information collected on this document is confidential and may only be disclosed in the case of a young person requiring medical attention. You have the right to access and alter personal information concerning you in accordance with the Information Privacy Act (2001) and the Health Records Act (2001).



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## DROP IN PROGRAM - MEDICAL FORM – CONFIDENTIAL

Date: \_\_\_\_\_

Name of participant \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Emergency Contact numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_ Health care card number \_\_\_\_\_

Medicare card number: \_\_\_\_\_ Ambulance Subscription Yes  No

Private Health Care name: \_\_\_\_\_ Membership number: \_\_\_\_\_

Physical Condition	Medication/frequency/relevant information needed for direct care of your child/guardian (please add a page if required)
ADD/ADHD – (list medication/treatment)	
Autism (please detail treatments/triggers and management plans)	
ASTHMA (please attach asthma plan)	
Allergies (please specify) Hay fever ,Food, Medical Other	
Back problems	
Blood nose(s)	
Bones (please include breaks and dislocations)	
Epilepsy	
Eye/Optical problems	
Fainting	
Heart conditions	
High Blood Pressure	
Migraines	
Hearing problems	
Hospitalisations (has your child been hospitalised for any condition in the past 12 months? – Please detail	
<b>Mental Health/Wellbeing</b>	
Depression/anxiety or other psychological problems	
<b>Any other personal, family situation, court orders or wellbeing concerns that might be beneficial for the OGNC youth workers to be aware of when caring for your child/guardian (please attach another sheet if required)</b>	