

## Registration Form

PERSONAL INFORMATION (PLEASE PRINT)					
First Name			Surname		
Address					
Suburb			Postcode		
Phone Number			Email		
Date of Birth ____/____/____			Country of Birth		
Main Language Spoken at Home			Gender		
Do you identify as Aboriginal? Yes / No			Do you identify as Torres Strait Islander? Yes / No		
Do you have any of the following impairments / conditions / disabilities (Please circle)					
- Intellectual / Learning			- Sensory / Speech		
- Psychiatric			- Physical		
Other _____			None		
<b>Emergency Contact</b>			<b>Name</b>		
Relationship to you			Phone		
Do you consent for Hills Community Aid to take and use photographs for promotional purposes Yes / No					
How did you learn about Learning in the Hills (Source)					
HCA Website	Flyer or brochure	Referral	Facebook	Drop In	Other _____

## Consent

The information you provide on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act. We are using an IT system called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your case.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect the services you receive. If you do consent to sharing your personal information with DSS, you can ask for this information to be removed at any time. DSS de-identifies your data. This means they remove information that identifies you or that could be used to re-identify you (e.g. your name).

DSS combine your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grants programs, and conduct research and evaluations. DSS may use this data to produce reports. These reports may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website.

Do you consent to collect this information for reporting purposes to the Department of Social Services Data Exchange (DS)?	Yes	No
Do you consent to future contact from DSS for survey/research/evaluations?	Yes	No

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Activity: TEI Community Centres

Outlet: Baulkham Hills

Case ID:

Service Type: Volunteer Program

### **Your Rights:**

1. Hills Community Aid will ensure to follow all NSW Health, COVID safety guidelines
2. There will be a hand sanitizer, hand wipes and gloves available at HCA and for all HCA programs.
3. You have the right to notify Management if you do not feel that your working environment is safe or participants are not adhering to the terms and conditions.

### **Your Responsibilities:**

1. If you are unwell or think you are getting sick, please notify the office and stay home.
2. If you have been in contact with someone who has received a COVID-19 positive result please advise Shirley, Volunteer Coordinator or your team leader immediately. Please follow NSW Health guidelines to self-isolate until cleared to return to work/Volunteer.
3. A record of your attendance at a HCA program or work place must be recorded, please check with Shirley or your team leader. For volunteers working from HCA, LITH or Playgroup, your temperature needs to be recorded with your sign in details.
4. Please limit the sharing of stationery and equipment. If utilising shared equipment please wipe over with the supplied wipes after use.
5. Please wipe down your work area/desk with the supplied wipes at the end of your shift or when you have finished using the items.
6. HCA will supply disposable cups and spoons for beverages. There will be no shared biscuit jar or water fountain. Please bring water bottles, plates and cutlery from home and take home each day. After eating in the lunch room please wipe the table over the supplied wipes.
7. NSW Health has free COVID – Infectious Control Training that can assist all of us to keep our work/volunteer places safe. Please note: this training is not compulsory but assist all of us to keep our work/volunteer places . <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>

Please sign the below and return to [sanyam@hca.org.au](mailto:sanyam@hca.org.au) or your team leader.

I have read and agree with the above statements.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_