



# Australian Friendship Circle Participant Form

Mailing: P.O.Box 19  
Balaclava 3183

p: 1300 785 593

www.friendshipcircle.org.au  
info@friendshipcircle.org.au

## PARTICIPANT / FAMILY INFORMATION FORM

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M
	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Name of Parent(s) / Carer(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Phone Number	<input type="text"/>	Mobile Number Mother	<input type="text"/>
		Mobile Number Father	<input type="text"/>
Email Address Applicant	<input type="text"/>	Email Address Parent/Carer	<input type="text"/>
		Email Address Parent/Carer	<input type="text"/>

### Emergency Contacts

**In case of an emergency** and in the event parents are not available during an outing or activity please provide an alternative contact.

Full Name	<input type="text"/>	Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Mobile	<input type="text"/>
Relationship to child	<input type="text"/>		

### Child's Profile

Name of school, tech, other institution the child attends

Please give details of activities enjoyed by your child and what services would be of interest to you if friendship circle was able to provide them. When would be the best time for these services to be provided?

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## Home Visitation Program

This program aims to build a unique relationship between children, families and volunteers. Volunteers will visit at home weekly (or as arranged) and will spend quality time with your child. This can be the child who usually participates in friendship circle activities or siblings in order that they have fun with one on one attention. We also have events 4-6 times a year for children to and their volunteers to enable them to share experiences together and build their friendship. Our volunteers range from high school students to university students and are both male and female.

The questions below will help us to find volunteers who suit your needs the best.

Would you like volunteers at home either for your child who comes to friendship circle events or for any other siblings? **If yes**, please give details of what time would be suit you best and the names and ages of the children that you would like us to arrange volunteers for.

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Would you prefer male or female volunteers?

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Would you like the volunteers working with your child/ren to be any particular age?

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## MEDICAL / BEHAVIOUR QUESTIONNAIRE

These questions allow us to care for your child appropriately on whichever programme they are attending irrespective of whether you are in attendance. It also allows our volunteers to be trained specifically to cater for any needs that may arise.

Please note that if your child requires medication whilst on a friendship circle outing / activity it will need to be labelled with their name and must have the issue and expiry date visible.

Child's Condition

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Does your child taking any medication? YES / NO

If yes, please give medication schedule including doses and times.

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Does your child have any allergies? YES / NO

If yes, please list them here along with the usual reaction and treatment plan for your child:

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Is your child at risk of fitting? YES / NO

If yes, are there any triggers we should be aware of and what is the management if this occurs?

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Can your child walk unaided? YES / NO

If no, what help is required?

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Is your child able to eat orally? YES / NO

What are their favorite foods and is there anything they are not allowed?  
If they are tube fed, please specify how these feeds are given.

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Is your child continent and able to go to the toilet unaided? YES / NO

If no, what assistance is needed?

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Is your child able to communicate verbally? YES / NO

If not, how does your child usually communicate and how can we best understand your child?

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Does your child have any specific behavioral difficulties eg: biting, hitting, running away, head banging? YES / NO

Please give us details of any challenging behaviour that your child exhibits including your usual management of these behaviours.

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Are there any triggers for these behaviors and how would you suggest we respond?

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Is there any other information about your child which will enable us to care for them more effectively and safely?

Eg: Communication details or phobias. If so, please give details below

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Do you give permission for us to give your child over the counter medication and administer first aid if appropriate, please complete the box below to indicate what you are happy for us to give.

<b>Plasters (Band-aids)</b>	
<b>Antiseptic Cream</b>	
<b>Bite Cream</b>	
<b>Paracetamol / Ibuprofen</b>	



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### Please provide your family doctors contact details

Doctor Name

Phone Number

### Medicare & Health Fund Details

Medicare No

Private Health

In the event that none of the above are available:

I do consent / do not consent to alternative medical assistance.

Yes

No

### AUTHORISATION

**Authorisation:** I confirm that I am the legal guardian of this child and I confirm that the information contained in this form is correct.

I understand that it is my responsibility to inform friendship circle if there are any changes to the information above.

I understand this form can be used for my child on any friendship circle activities whether home visitation, in house programmes, outings or residential camps.

If there are any activities in which I do not wish my child to participate, I will inform friendship circle.

Signature of Parent / Guardian

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

Contact No : \_\_\_\_\_

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

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