

RF-01 Registration Form



Carer, Guardian or Advocate

Please remember that if you are here with a participant as a Carer, Guardian or Advocate please fill out a single form which contains both the participant's information and some basic contact details for you.

If you are an advocate/guardian with a participant who is under the age of 18, you will also need to approve and sign the last page below.

To be filled out by workshop attendees before starting.

Date	
Location	<input type="checkbox"/> Bathurst <input type="checkbox"/> Condobolin <input type="checkbox"/> Orange <input type="checkbox"/> Young <input type="checkbox"/> OTHER: _____
Have you completed your COVID Safe Practice upon entry to this Location / Venue?	<input type="checkbox"/> YES

I am a	<input type="checkbox"/> Participant (Go to SECTION 1) <input type="checkbox"/> Advocate / Guardian (Go to SECTION 1) <input type="checkbox"/> Carer (Go to SECTION 1) <input type="checkbox"/> Family Member / Friend (Go to SECTION 4) <input type="checkbox"/> Partner in Community (Go to SECTION 5) <input type="checkbox"/> Employer (Go to SECTION 6) <input type="checkbox"/> Disability Service Provider (Go to SECTION 7)
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SECTION 1 (Participant)

Participant Age Range	<input type="checkbox"/> 15-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36 and over
Participant First Name	
Participant Last Name	
Participant Email address	
Participant Mobile Number	04
Participant Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
Participant Postcode This is postcode where you live	
If you are an Advocate, Guardian filling this form out on behalf of the Participant, then:	GO TO SECTION 2 (Advocate / Guardian)
If you are an Carer filling this form out on behalf of the Participant, then:	GO TO SECTION 3 (Carer)
If you are a Participant, then:	GO TO SECTION 8

SECTION 2 (Advocate / Guardian)

Advocate / Guardian contact information is required if the Participant is under 18 years of age.

Advocate / Guardian First Name

Advocate / Guardian Last Name

Advocate / Guardian Mobile

Advocate / Guardian Email address

Advocate / Guardian Postcode

This is postcode where you live

GO TO SECTION 8

SECTION 3 (Carer)

Carer contact information is required if you are here in a professional capacity assisting the Participant.

Carer First Name

Carer Last Name

Carer Mobile

Carer Email address

Carer Postcode

This is postcode where you live

GO TO SECTION 8

SECTION 4 (Family Member / Friend)

**Family Member / Friend
First Name**

**Family Member / Friend
Last Name**

**Family Member / Friend
Mobile**

**Family Member / Friend
Email address**

**Family Member / Friend
Postcode**
This is postcode where you live

GO TO SECTION 8

SECTION 5 (Partner in Community)

**Partner in Community Contact
First Name**

**Partner in Community Contact
Last Name**

**Partner in Community Contact
Mobile**

**Partner in Community
Email address**

Partner in Community Postcode
This is the Postcode for the Organisation
location. This is NOT your home postcode.

GO TO SECTION 8

SECTION 6 (Employer)

Employer Contact First Name

Employer Contact Last Name

Employer Contact Mobile

Employer Email address

Employer Postcode

This is the Postcode for the Organisation location. This is NOT your home postcode.

GO TO SECTION 8

SECTION 7 (Disability Service Provider)

**Disability Service Provider
Contact First Name**

**Disability Service Provider
Contact Last Name**

**Disability Service Provider
Contact Mobile**

**Disability Service Provider
Email address**

**Disability Service Provider
Postcode**

This is the Postcode for the Organisation location. This is NOT your home postcode.

GO TO SECTION 8

SECTION 8

Have you attended one of these workshops previously?

- Workshop 1 (Employment Options and Life Skills)
- Workshop 2 (Employment Options and Personal Administration Skills)
- Workshop 3 (Employment Options and Pre-employment Skills Development)
- I have never attended Workshop before

Do you have a disability?

- Yes
- No
- Prefer not to answer

Do you consent to your photo being taken for advertising purposes?

- Yes
- No

Do you consent to collection of your personal information for program purposes?

- Yes
- No

- I have read and agreed to the attached OLALC (Orange Local Area Land Council) Terms & Conditions.

Signature

Sign Here

Advocate / Guardian Signature

Sign Here

Advocate or Guardian is required to sign here if the Participant is under 18 years of age.

END OF FORM