

COFFEE CLUB REGISTRATION FORM

CLIENTS PERSONAL DETAILS

Name: _____

Address: _____

Suburb: _____

Phone: _____

Date of birth: _____

Ethnic/Cultural background: _____

All clients attending Sunnyhaven Coffee Club will have their own staff supporting them.

Organisation supporting client:

Address of supporting organisation:

Emergency Contact Phone number of staff/carer providing support:

Managers contact name and phone number:

Email Contact details:

Name of next of kin (parent/person responsible):

Address of next of kin/person responsible:

Phone contact details for next of kin/person responsible:

Alternate emergency afterhours phone number:

Please list any medical or other issues that may be necessary for Sunnyhaven Coffee Club to ensure a safe environment for all attendees (e.g. Epilepsy, Diabetes, Challenging behaviour).

I agree to abide by the Sunnyhaven Coffee Club code of conduct at all times.

Sunnyhaven Coffee Club is privately managed event and entry to Coffee Club is by registration only.

Sunnyhaven management reserve the right to decline entry to any person at any time.

Waiver of Liability

Sunnyhaven Disability Service provides limited liability with respect to client supervision all clients must be supported and supervised by their organisation/family/carer supporting them to attend coffee club premises Sunnyhaven Disability Service liability extends to provision of a safe environment and provision of light supper only.

Person Completing Form: _____

Date and signature: _____

Contact details of the person completing form: _____

<p>Office use only</p> <p>Date application received. _____</p> <p>Identified risks. _____</p> <p>Control measures for identified risks. _____</p> <p>_____</p> <p>Application supported by. _____</p> <p>Application approved/declined _____</p> <p>Client identification number. _____</p> <p>Approved by. _____</p>
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