

Tool

Attendee Information Form

C/2.1.4.4

Purpose

For use in any children's ministry activity including child-related activities occurring on the same premises as a concurrent parents' ministry activity (e.g. Sunday School). Complete the form once for each child and ask parents to inform you if details change.

Scope

Applies to all congregations, faith communities, and presbyteries of the Uniting Church in Australia, Queensland Synod.

Suggested steps for preparing and using the Attendee Information Form:

- 1. A template for use is provided on the next page. The form has been designed for general enrolment in programs.
- 2. All 'Attendee Information Forms' **must** include the 'Release Statement' and the bold section and signature at the bottom of the page.
- 3. Complete and print all pages except for this current page (page 1).
- 4. For families with more than 3 children, the last page can be printed multiple times for use.
- 5. Information, advise and support is available via the Safe Church Assurance and Support Officer on: 07 3377 9833 or safechurch@ucaqld.com.au
- 6. Keep a signed copy for your records.

Revisions

Document number		C/2.1.4.4				
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact	
3.0	16.05.2024	General Manager Risk and Safeguarding	16.05.2024	General Manager Risk and Safeguarding	Safe Church Assurance and Support Officer	
Next scheduled review		16.05.2029				



Attendee Information Form

Attendee Information Form

Congregation:								
Program:								
Please tick one of the following:	□ Visiting	□ Enrol						
Date:								
Family details								
Parents/guardian's name: Address:								
	Post code: Phone:							
Email:	ost code.							
□ Please keep me up to date with information and news								
Trease keep me up to date with	information and news							
Release statement I confirm that the information provided in this document is true and correct and that I have the authority to provide this information. I consent to my child/ren becoming a member of and taking part in the overall activities of the abovementioned program. I confirm that I have provided details of any physical, mental or health conditions of my child/ren which may impact upon their participation, or which has the potential to put them or any other person at risk. I confirm that I will advise the activity leader of any change of circumstances that would affect the Church's care of my child/ren, their participation in the activity, or changes to the details of this form. I understand that if urgent medical attention is needed, every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child/ren to receive medical treatment as deemed necessary by the leaders of the program/activity (including transport via Ambulance). Should this be necessary, I understand that I will be notified as soon as possible. I consent to information about my child/ren being collected and used for the running of activities and reporting of incidents and accidents. I have read and completed an Image Release Form for my child/ren. My signature below indicates that I have read and understood the statement of release.								
Parent/guardian signature: Date:								

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED.



Attendee Information Form

Child details		
Child's full name:		
Your relationship to child:		
Date of Birth:	Age:	Grade/ Year level:
Gender: Female / Male		
☐ Image Release Form Completed		
Health concerns/allergies:		
Additional needs:		
Action plan for health and additional n	eeds (attach if needed):	
Child details		
Child's full name:		
Your relationship to child:		
Date of Birth:	Ago:	Grade/ Year level:
Gender: Female / Male	Age:	Grauey real level.
☐ Image Release Form Completed		
Health concerns/allergies:		
Additional needs:		
Action plan for health and additional n	leeds (attach if needed):	
Child details		
Child's full name:		
Your relationship to child:		
Date of Birth:	Age:	Grade/ Year level:
Gender: Female / Male		
☐ Image Release Form Completed		
Health concerns/allergies:		
Additional needs:		
Action plan for health and additional n	eeds (attach if needed):	

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