

# National Variety Adventure Camp Goanna Park

Assistant Carers Registration Form – Confidential



## Personal

Name: .....

Address: .....

State: ..... Phone home: ..... mobile: .....

Email: .....

Emergency contact name: .....

Phone: ..... mobile: .....

Relationship: .....

## Clearance

Do you have a current Police Check / clearance?  Yes  No

If **no** - you may be required to obtain one.

## Health

Medical details we need to be aware of (as we are 80 kms from Darwin): .....

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Special medication: .....

Allergies: .....

## Food

Any special dietary requirements: .....

## Other

Any other relevant information: .....

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