

Participant Information Sheet

Thank you for joining our Generation Connection program, we are excited to welcome you into our Holiday Program services. The information contained in this sheet will assist our educators and project team to develop a quality program which is fun and inclusive.

First Name					
Surname					
Preferred Name					
Gender:	☐ Male	☐ Female	e 🗆 Oth	er	
Date of Birth:					
Contact Details:					
Address					
Phone Number					
Email Address					
Preferred Contact Method		☐ Email	☐ Mail	☐ Phone	
The following will help us to plan an inclusive program					
Allergies / Dietary Requirements	E.g. No nut p	roducts			
Mobility / Access / Medical Needs	e.g. uses a w	heelchair or ha	s hearing loss		

The following is optional to provide but will assist us to provide opportunities to better plan a program which fosters meaningful connections.

Likes & Interests		
Dislikes		
Main Language Spoken:		
Cultural Background:	Helps us to celebrate your cultural identity with	nin the program.
Do you consent to having off you during your involutionally be used for docum (e.g. photography activities).	☐ Yes ☐ No	
Do you require assistant TheirCare program e.g.,	☐ Yes ☐ No	

Please return to generationconnection@theircare.com.au or TheirCare Generation Connection, 766 Toorak Road, Glen Iris VIC 3146

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TheirCare's Policy Manual is available at all services and has a copy of this Policy and specific information related to the use and collection of information at services. If you require any information on TheirCare's Privacy Policy, please contact us on 1300 072 410 or info@theircare.com.au.

