



KAZIEW RANGATH

HOUSING APPLICATION



All Correspondence to be addressed to:

KAZIEW RANGATH
YAL Tropicana Lodge
158C Martyn Street
P.O Box 114 Cairns QLD 4870

Telephone: (07) 4051 1729
Facsimile: (07) 4031 4109
Email: admin@tropicalalodge.com.au
Web: www.tropicalalodge.com.au



If you require assistance in completing this application form, please contact YAL Tropicana Lodge Cairns on:
(07) 4051 1729 during office hours. Monday to Friday 8am – 5pm

Applicants Name: _____ (parent/carer)

Child will be will be enrolled at school in (grade) _____ in _____ 2018 _____ (year)

1. CHILD'S INFORMATION

Family Name/Surname:			
Given Name(s):			
If known by any other name:			
Preferred Name:			
Name on Birth Certificate:			
Date of Birth:	/ /	Place of Birth:	
Medicare Card Number:		Expiry: /	Reference # Number listed beside child's name
Health Care Card Number:		Expiry: /	Reference # Number listed beside child's name
Private Health Cover:	Membership Number	Expiry: /	Type of Cover

Aboriginal Torres Strait Islander Both Aboriginal/Torres Strait Islander Neither

2. FAMILY INFORMATION

Name of community: (if applicable)			
What Language is spoken at home:			
Family Religion:			
Number of Children in Family:		Position in family (e.g. eldest child)	

Is the enrolling child currently living with both parents? YES NO

If No, who is the child currently living with:

Father only Mother only Legal Guardian Shared Parental Care

Other (please provide details) _____

FAMILY INFORMATION CONTINUED

Father/Male Carer	Mother/Female Carer
Family Name:	Family Name:
Given Name(s):	Given Name(s):
Relationship to student:	Relationship to student:
Residential Address:	Residential Address:
Postcode:	Postcode:
Postal Address (<i>if different from Residential</i>):	Postal Address (<i>if different from Residential</i>):
Email Address:	Email Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Business Phone:	Business Phone:

Is a family court Order in place? YES NO CURRENTLY IN THE PROCESS

IF A FAMILY COURT ORDER IS IN PLACE, PLEASE PROVIDE COPIES OF ALL RELEVANT DOCUMENTATION.

3. EMERGENCY CONTACTS

1ST Emergency Contact	2ND Emergency Contact
Family Name:	Family Name:
Given Name(s):	Given Names(s):
Relationship to student:	Relationship to student:
Residential Address:	Residential Address:
Postcode:	Postcode:
Postal Address (<i>if different from Residential</i>):	Postal Address (<i>if different from Residential</i>):
Email Address:	Email Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Business Phone:	Business Phone:

4. EDUCATION

Current School:		Length of time at school:
Previous Schools:		Length of time at School:
		Length of time at School:
		Length of time at School:

Please attach copies of the MOST RECENT Report Card/s including NAPLAN test results with this application (If required a copy may be obtained from your child's school).

Has your child participated in any improvement programs?	YES	NO
If YES please specify:		

Has your child ever received Learning Support Assistance?	YES	NO
If YES, please specify:		

Has your child ever been accelerated (skipped a year)?	YES	NO
If YES, please specify:		

Has your child ever been identified as needing an Education Adjustment Program (EAP)?	YES	NO
If YES, please specify and provide all relevant documentation.		

- Hearing
 Speech
 Physical
 Social/Emotional
 Vision
 Intellectual
 Autism/Asperger's
 Other _____

Has your child ever been assessed by a Specialist for learning difficulties/ developmental or behaviour issues?	YES	NO
If YES, please specify and provide all relevant documentation.		

- Learning difficulties
 ADD/ADHD
 Other _____ *(Please provide details)*

Does your child have social difficulties with other children?	YES	NO
If YES, please specify		

Has behaviour management ever been an issue with your child in a school environment?	YES	NO
If YES, please specify:		

Does your child enjoy learning in a school environment?	YES	NO

Do you give permission for Kaziew Rangath staff to contact current/previous schools directly regarding your child's schooling? YES NO

Do you give permission for your child to take part in school trips and other Kaziew Rangath activities that may be either on premises or off premises? *These include all school curriculum visits, organised weekend boarding activities and sporting activities/fixtures.* YES NO

Individual parental permission will still be sought for any interstate excursions, any activity that is deemed a high risk, any requests for day/weekend leave from your daughter and any activity that is NOT part of the school curriculum or an organised boarding activity.

Please attach any relevant documentation.

5. ACTIVITIES/INTERESTS

Please give details of any extra-curricular activities in which your child has an interest or talent.

Musical instruments (including singing)

Sports:

Cultural:

Other:

SWIMMING ABILITY

Please provide details of your child's swimming ability:

- Unable No more than a dog paddle
- Poor Strokes only, limited ability beyond domestic swimming pool
- Good Strong swimmer, able to confidently swim at least 50m different water conditions (EG surf/lake)
- Excellent Able to swim 100m or 50m fully clothed

6. PUBLICATION CONSENT

Do you give permission for your daughter's photographs, vision/sound footage and work to be used in Kaziew Rangath (KR) and YAL Tropicana Lodge Cairns (YALTLC) newsletters, website and advertising material to enable students to share their experiences while boarding at YAL Tropicana Lodge. This may include internal and external activities such as school performances, sporting and recreational activities.

Publication	Photographs / Footage		Child's Work		Child's First Name		Child's Last Name	
	YES	NO	YES	NO	YES	NO	YES	NO
YALTLC/KR Newsletter	YES	NO	YES	NO	YES	NO	YES	NO
YALTLC/KR Website, Facebook/Instagram	YES	NO	YES	NO	YES	NO	YES	NO

Is there any other situation or event where you **DO NOT** want your child's identity revealed?

(EG: Television/Newspaper/Advertising)

YES NO

If YES, please specify:

7. GOVERNMENT SUBSIDY/ALLOWANCE

Is the student eligible of ABSTUDY?	YES	NO
If YES, please provide Abstudy Customer Reference Number (CRN)		
Is the Student receiving a Centrelink Youth Allowance?	YES	NO
Does the Student have a Tax File Number (TFN)?	YES	NO
If YES, and over 16, please provide:		

Do you give permission for Kaziew Rangath Staff to act on your behalf when working with Centrelink?

YES NO

If yes, please complete form SS313 - Authorising a person or organisation to enquire or act on your behalf, and lodge the form with Centrelink

YALTLC is dedicated to supporting and connecting young Australians of all ages and backgrounds. Our purpose is to provide and develop through young people a sense of national pride, purpose, service and tolerance by supporting a range of programs and service opportunities. We believe that everyone deserves an opportunity to grow

8. WITHDRAWAL OF A STUDENT

The Managers of YAL Tropicana Lodge Cairns must be given a term's notice in writing prior to the removal of a student, or a term's fees will be charged.

There is a **NO REFUND** policy in the event of exclusion or absence of a student.

9. ENROLLMENT FEE PAYMENT OPTIONS

A non-refundable administration fee of \$55.00 per student should be forwarded with this application

Upon acceptance of placement a non-refundable Gap Fee of 4 weeks accommodation will be required for confirmation of booking.

**Gap Fees are applicable for the variance between residential boarding costs and Abstudy payments*

PLEASE NOTE * The gap fee will be payable at the start of each school term. Price is subject to change.

I will be paying the application by <i>(please circle)</i>	Cheque/ Money Order	Credit Card		
<i>Please make cheque/money order payable to YAL Tropicana Lodge Cairns</i>				
Please charge AU \$55.00 to my	Bank Card	Master Card	Visa	Union Pay
Name of Card Holder				
Card Number				
Expiry Date	/ /	CCV (last 3 numbers on back of card)		
Card Holder Signature				
Upon confirmation, I will be paying the Gap Fee by <i>(please circle)</i> To the total of AU \$	Cheque/Money Order	Credit Card <i>Please charge the above card</i>		

A receipt will be issued upon completion of transaction.

10. ADDITIONAL INFORMATION

Upon initial enrolment YAL Tropicana Lodge offers parents of year 7 students a maximum of one week's free accommodation to support your child while she settles into a routine.

****This is subject to availability and meals are not included.***

Do you require Pre-Settlement Accommodation for up to 3 family members?

YES

NO

If yes, How many family members? (maximum 3)

11. SIGNATURES OF PARENTS/CARERS

I certify the information contained in this form and the answers to the questions provided are true and accurate. Failure to disclose any relevant details may cause any offer of enrolment to be withdrawn or a continuing enrolment to be cancelled.

Mother/Carer		Father/Carer	
Signature		Signature	
Date		Date	

**COMPLETION OF THIS FORM DOES NOT GUARANTEE A PLACE AT YAL TROPICANA LODGE CAIRNS
APPLICANTS WILL BE ADVISED IN WRITING OF THEIR ENROLMENT STATUS.**

NB: AN ENROLMENT FORM WILL ALSO NEED TO BE COMPLETED IF ENROLLING IN A NEW SCHOOL

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12. MEDICAL INFORMATION AND CONSENT

Student Name: _____

Date of Birth: _____

Do you give permission for Kaziew Rangath Staff or an affiliated Health Clinic to contact your Health Clinic/ GP/ Specialist directly to obtain your child's medical records, including immunisation records? YES NO

Please provide contact details

PRACTITIONER (EG: GP/DENTIST)	NAME	ADDRESS	PHONE

As part of our Wellness Program, Kaziew Rangath provides a range of health and wellbeing services to all students as needed including:

- ❖ Close involvement with Aboriginal/Torres Strait Islander Health Clinic
- ❖ GP visits as required
- ❖ Emotional/Spiritual Wellbeing
- ❖ Sexual Health Education
- ❖ Queensland School Immunisation Program
- ❖ Administering of Basic First Aid

CONSENT TO MEDICAL ATTENTION

Do you give permission for your child to participate in the Kaziew Rangath Wellness Program as detailed above? Yes No

Do you give permission for your child to participate in an organised Sexual Health Program conducted by a Health Clinic Yes No

Do you give permission for Kaziew Rangath Staff, when unable to contact you, to act on your behalf or accept instruction from a nominated emergency contact to make medical decisions for your child, including in the event of an emergency? Yes No

Do you give permission for Kaziew Rangath Staff to make all necessary medical or dental appointments required by your child? Yes No

Do you give permission for your child to be immunised by the QLD Government School Vaccination Program? Yes No

NON-PRESCRIPTION OR "OVER THE COUNTER" MEDICATIONS

Whilst away from home your child may require relief from minor ailments. This may include minor pain, cold and flu symptoms, mild fever, hay fever, indigestion (upset tummy), dehydration, minor burns, itching, skin irritations, insect bites, muscle aches and strains, cuts and grazes.

** Over the counter medications also include Topical lotions such as antiseptic cream (savlon/betadine) calamine lotion, burn aid, head lice treatment, throat gargle (for mouth and throat conditions), dencorub (muscle aches), zovirax (for cold sores), stingose for bites and stings.*

This list is not inclusive and may change as required by a Medical doctor or qualified First Aide person.

Do you give permission for "over the counter" medications to be administered by Kaziew Rangath Staff for minor ailments if requested by your child? Yes No

If **YES**, Please list any "over the counter" medications that you **DO NOT** give permission to be administered to your child:

MINOR ALLERGIES

Please list any known minor allergies that your daughter may have:

ALLERGY	REACTION	TREATMENT

*** For any life-threatening allergies, an Allergy Management Plan will need to be completed**

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12. MEDICAL INFORMATION AND CONSENT CONTINUED

Student Name: _____

Date of Birth: _____

Does your child suffer from any medical conditions?

Heart condition	Yes	No		Muscular Condition	Yes	No
Migraines	Yes	No		Dizzy Spells	Yes	No
Sleep Walking	Yes	No		Motion Sickness	Yes	No
Fainting	Yes	No		High/Low Blood Pressure	Yes	No
Other	Yes	No	If YES	Please Specify _____		

Treatment or Management of any above conditions _____

Does your child suffer from Asthma? Yes No *If you answered Yes, we will send you an Asthma Management form to complete*

Does your child suffer from life-threatening allergies? Yes No *If you answered Yes, we will send you an Allergy Management form to complete.*

Does your child suffer from Diabetes? Yes No *If you answered Yes, we will send you a Diabetic Management Plan to complete.*

Does your child suffer from Epilepsy? Yes No *If you answered Yes, we will send you an Epilepsy Management Plan to complete*

VACCINATION INFORMATION

Has your child received all routine immunisations for her age? Yes No

If **NO**, which immunisation/s has your child **NOT** received? _____

Date of last tetanus booster _____/_____/_____

DIETARY NEEDS

Does your child have any medical special dietary requirements? Yes No

If Yes, please specify _____

MEDICAL POLICY ACKNOWLEDGEMENTS

All prescribed medication (except Asthma puffers) must be handed to the supervisor in charge. Medication must be in the original labelled pharmacy packaging, and be accompanied by written instructions including child's name, dosage and administration instructions.

Most medical expenses are covered by Medicare, a valid health care card, private insurance and/or ambulance cover. Kaziew Rangath will not be held responsible for any charges associated with emergency or medical treatments, including medications, dental or ambulance fees.

I understand my child will be involved in activities that may involve running, jumping, water and use of adventure and sporting equipment, thus exposing my child to physical activity not encountered in a class room. I acknowledge that while Kaziew Rangath Staff, associated instructors and volunteers will make every reasonable effort to minimise exposure to any known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the staff, volunteers or associated instructors.

Do you release Kaziew Rangath from any legal liability and acknowledge that staff will act only in the best interest of your child?

YES NO

It is the Parents/Carer's responsibility to ensure all contact details are up to date.

Kaziew Rangath staff must be **informed immediately** of any health concerns, changes in your daughter's condition or medications

Kaziew Rangath will not accept duty of care obligations unless parents/guardians provide an accurate disclosure of any medical conditions and current medications a student may have.

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

DATE: _____

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13. APPROVED FAMILY OR FRIENDS LIST

Please provide a list of family/relatives or friends that may wish to visit your daughter to provide support during the school year.

Student Name: _____

Date of Birth: _____

Name	Address	Phone
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:
		Home: Mobile: Work:

PLEASE NOTE *

FAMILY/RELATIVES OR FRIENDS WHOM ARE NOT LISTED ABOVE **WILL NOT** BE ABLE TO GAIN ACCESS TO YAL TROPICANA LODGE CAIRNS.

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

DATE: _____

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14. ENROLMENT CHECKLIST

STUDENT NAME _____

SECTION 1	YES	NO	NOT APPLICABLE	OFFICE USE ONLY
Child Information completed				
Copy of Birth Certificate attached				
SECTION 2				
Family Information completed				
Family Court information attached				
SECTION 3				
Emergency Contacts completed				
SECTION 4				
Education Information completed				
Most recent School Reports attached				
Most recent NAPLAN Results attached				
Any other relevant documentation attached				
SECTION 5				
Childs Interests/Activities completed				
Swimming Ability completed				
SECTION 6				
Publication consent completed				
SECTION 7				
Government Subsidy/Allowance completed				
Centrelink form SS313 completed and lodged				
SECTION 8				
Withdrawal of a Student read and agree to conditions				
SECTION 9				
Payment options completed				
SECTION 10				
Pre settlement accommodation completed				
SECTION 11				
Signatures completed				
SECTION 12				
Medical Information completed				
Read and understand medical/treatment permissions				
Read and understand medical/treatment policies				
Sign and date consent form				
SECTION 13				
Approved Family/Friend list completed				

OFFICE USE ONLY

Date Received: _____

Application Approved: YES NO

Arrival Date: _____

Pre-Settlement Accom: YES NO

Student ID: _____

Accom Dates: ___/___ to ___/___/2018

Approved By: _____

Signature: _____