

The Barossa Council & Barossa Bushgardens Nature and Natter Program Registration and Consent Form



Client's Details

Full Name:

Address:

Postal Address (if different from above):

Living arrangements:

- ☐ Couple
☐ Group (related adults)
☐ Group (unrelated adults)
☐ Lives alone

Language spoken at home:

☐ English ☐ Other, please advise:

Carer's Details

Full Name:

Relationship:

Contact Phone Number:

Email:

Address:

Postal Address (if different from above):

Emergency Contact Details (if different to Carer)

Full Name:

Relationship:

Contact Phone Number:

Doctor Clinic and Name:

Doctor's Contact Phone Number:

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Client's Personal Medical History and Capabilities

Do you have any mobility issues?

☐ Yes ☐ No

If yes, what level of assistance do you require?

Do you have medical or behavioural conditions?

☐ Yes ☐ No

If yes, please provide any information that may impact your participation.

Do you have any dietary restrictions and/or allergies that we should be aware of?
(E.g. nuts)

☐ Yes ☐ No

If yes, please advise.

Are there any cultural, religious, or spiritual beliefs that are important to you that we should know about?

☐ Yes ☐ No

If yes, please advise.

Privacy, Consent and Acknowledgement

As the Carer of _____ (client), I acknowledge that the information supplied within this registration form is accurate and I will ensure to provide updates as required.

I acknowledge:

- I have received the Program Handbook.
- I have read and agree to abide by the requirements detailed within the Handbook.
- I will raise any queries, incidents or concerns directly to the Council support team.
- I will be responsible for my client during the conduct of this program.
- I understand Council will keep this registration form confidential in accordance with privacy requirements.

Name: _____

Date: ____ / ____ / ____

Signed: _____