



## MOBILE MINDERS APPLICATION FORM (For New Service Users)

A) Name of Organisation: .....

Street Address: .....

Postal Address: .....

Contact Name: .....

Phone Number: ..... Mobile Number: .....

Email: ..... Fax: .....

Please indicate person / organisation that the invoice for childcare payment should be charged to (if different from the details given above)

.....  
.....

B) Name of Group: .....

Description of Meeting/ Group: (Please give specific aims and objectives)

.....  
.....

Venue address where child care is required:

.....

C) On - Going bookings: Starting date: ..... Finishing date: .....

Days of the week: ..... Time: ..... To .....

Once - only bookings: Date: .....

Day of the week: ..... Time: ..... To .....

Estimated number of children: if known please indicate exact ages of children

Under 1 year : ..... 1-3 years : .....

3-5 years : ..... School age : .....

Special needs children and details:

.....

If assistance is required to help with childcare a nominated person from your organisation will be required. Please give the nominated person's name and details below.

.....

Specific language required: .....

**D) Do you have the following available for childcare? (Please circle)**

- 1) Give a brief description of the room where childcare will be undertaken. Is the room a separate secure room in close proximity to the parents or the same room as the parents?

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- |  |     |    |
|--|-----|----|
| 2) A fenced outdoor area that is safe for children | Yes | No |
| 3) Tables and chairs suitable for children         | Yes | No |
| 4) Appropriate toys                                | Yes | No |
| 5) Toilet facilities                               | Yes | No |
| 6) Ramp access                                     | Yes | No |
| 7) Parking   | Yes | No |

**E) Is your organisation non-profit?** .....

**Principal sources of funding:** .....

**Do you have public liability insurance covering the venue?**      **Yes**      **No**

**Name of insurance company:** .....

**Policy number:** ..... (Please attached a copy of certificate of currency)

*Note : If above details are not known at time of application please inform us as soon as possible*

**This is to certify that I have read and understand the BCRG Mobile Minders General Conditions of Use and agree to abide by them.**

**Print Name :** .....      **Organisation** .....

**Signature :** .....      **Date:** .....

**After completion, please send the completed form with the Annual Registration form to :**

**By post :**      **Bankstown Community Resource Group Inc.**  
                         **P O Box 260, Bankstown NSW 1885**

**By email :**      [mm@bcrg.org.au](mailto:mm@bcrg.org.au)

**By fax :**      **(02) 9796 4713**