



FORM E CARER NOMINATION & SPONSORSHIP

PLEASE ENTER CARER'S PERSONAL DETAILS									
SURNAME				OTHER NAMES					
MALE / FEMALE	M / F	PREFERRED NAME			AGE	BIRTH DATE			
MEDICARE No.		PRIVATE HEALTH GROUP NAME			MEMBER No.				
ARE YOU A MEMBER OF ROTARY?		Y / N	IF 'YES', WHICH CLUB?						
HOME ADDRESS									
No. & STREET									
SUBURB							POSTCODE		
PHONE (H)			MOB		EMAIL				
EMERGENCY CONTACT DETAILS									
NAME				RELATIONSHIP					
PHONE (H)			FAX		EMAIL				
PHONE (B)			MOB						
PLEASE HELP US PLAN FOR YOUR PARTICIPATION BY CONSIDERING THE FOLLOWING QUESTIONS									
HAVE YOU BEEN A CARER AT HANDICAMP?		Y / N	WHICH YEARS?						
HAVE YOU PERFORMED AS A CARER FOR A PERSON WITH DISABILITIES OTHER THAN HANDICAMP?		Y / N	Comment please						
WHY ARE YOU INTERESTED IN NOMINATING?									
ARE YOU WILLING AND ABLE TO PARTICIPATE IN ALL HANDICAMP ACTIVITIES, SOME OF WHICH MAY BE MODERATELY PHYSICALLY DEMANDING?		Y / N	Comment please						
DO YOU HAVE ANY KNOWN MEDICAL CONDITION THAT MAY AFFECT YOUR ABILITY TO PERFORM AS A CARER?		Please explain							
PLEASE ADVISE DIET NEEDS (IF ANY)?									
YOU WILL ACKNOWLEDGE THAT WE NEED TO SEEK POLICE CLEARANCE PRIOR TO ACCEPTING YOUR NOMINATION. DO YOU HAVE ANY CONCERN WITH THIS?		Y / N	Please explain						
SPACE FOR ANY NOTES YOU WISH TO MAKE									

The closing date is 4th March



POLICE CLEARANCE			
DO YOU POSSESS A POLICE CLEARANCE THAT IS LESS THAN ONE YEAR OLD?	Y / N	If 'yes,' then would you please attach it?	
YOU MUST COMPLETE AND ATTACH FORM F (VOLUNTEER NATIONAL POLICE CHECK REQUEST FORM). HAVE YOU DONE SO?	Y / N		
NOMINATING ROTARY CLUB			
THE ROTARY CLUB OF			
CLUB CONTACT FOR HANDICAMP MATTERS		EMAIL	
PH (H)		PH (B)	PH (M)
PREFERRED CONTACT METHOD			
\$395 SPONSORSHIP PAYABLE TO THE ROTARY CLUB OF MANDURAH IS ATTACHED?	Y / N	RECEIPT REQUIRED?	Y / N
IF PAYMENT IS NOT ATTACHED, DO YOU CONFIRM IT WILL BE RECEIVED BY 20 MAR?	Y / N	Comment if applicable.	
OR			
IS THIS A NOMINATION ONLY, WHERE ANOTHER ROTARY CLUB NEEDS TO BE 'FOUND' BY US TO SPONSOR THE CARER?	Y / N		
DECLARATION BY NOMINEE CARER			
1. You have read FORM C associated with this form and understand and agree to its contents. 2. Specifically, in signing this form you confirm that you have either completed or discussed the completed contents of the form in the presence of the Rotary member who made the declaration in the next section.			
SIGNED (NOMINEE)		DATE	
DECLARATION BY THE ROTARIAN WHO HAS MET THE CARER NOMINEE			
1. You have read FORM A and understand and agree to its contents. You have read FORM C . 2. Specifically, in signing this form you confirm that you have either completed or discussed the completed contents of the form in the presence of the carer. 3. You confirm that FORM C has been given to the carer. 4. You have attached the completed (by carer) FORM F to this form.			
SIGNED (ROTARIAN)		DATE	
PLEASE POST COMPLETED FORM TO:			
Brad Reed, Handicamp 2008, 14 Leighton Road East, Halls Head WA 6210 Alternatively email a <u>PDF scanned copy</u> only to b.reed@bigpond.net.au			

Thank you

The closing date is 4th March