



Madge Sexton Kindergarten
Staff and Student (University/Work experience)
Personal Survey

PERSONAL DETAILS

Full Name:		Preferred Name:		D.O.B / Birthday:	
Date of entering details:			ED ID No:		
Home address:			Postal address:		
Contact phone numbers:	Home:	Contact emails:	Personal:		
	Mobile:		DECD:		
Medicare no:		Ambulance cover? Yes / No (circle)			
Private Health Insurance? Yes / No (circle)					
If yes, please provide details:					

EMERGENCY CONTACT INFORMATION

Emergency Contact 1						
Name	Relationship to you	Suburb location <small>(during Kindergarten hours)</small>	Home phone:	Work phone:	Mobile phone:	Best no. to call:

Emergency Contact 2						
Name	Relationship to you	Suburb location <small>(during Kindergarten hours)</small>	Home phone:	Work phone:	Mobile phone:	Best no. to call:

MEDICAL CONDITIONS

Please include here any medical details that are important for me to know about. These may be medical conditions, allergies, etc. Please also provide information about any medication plans and were medication is kept etc. If there are things that you would like me to know about, but do not want shared with staff please tell me this below too.

ANYTHING ELSE I NEED TO KNOW?

Please let me know if there is anything else that you would like me to or need me to know so that I am able to support you. (Special needs, personal issues, etc.)