



FORM E CARER NOMINATION & SPONSORSHIP

PLEASE ENTER CARER'S PERSONAL DETAILS									
SURNAME				OTHER NAMES					
MALE / FEMALE		MEDICARE NO.		AGE		BIRTH DATE			
PREFERRED NAME			PRIVATE HEALTH GROUP NAME			MEMBER NO.			
POSTAL ADDRESS									
NO. & STREET						SUBURB			
POSTCODE		PHONE (H)		MO B		EMAIL			
EMERGENCY CONTACT DETAILS									
NAME		RELATIONSHIP		PH (H)		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 WORKED WITH DISABILITIES BEFORE?			Y / N						
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)?									
POLICE CLEARANCE									
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)					
\$395 SPONSORSHIP PAYABLE TO THE RC ESPERANCE BAY IS ATTACHED?						Y / N			
DECLARATION BY NOMINEE CARER									
<ol style="list-style-type: none"> You have read FORM C associated with this form and understand and agree to its contents. 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									
<ol style="list-style-type: none"> You have read FORM A and understand and agree to its contents. You have read FORM C. 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. You confirm that FORM C has been given to the carer. You have attached the completed (by carer) FORM F to this form. * Essential for Nomination* 									
SIGNED (ROTARIAN)						DATE			
PLEASE POST COMPLETED FORM TO:									
Maggie Duggan, Handicamp 2010, 51 Lyndhurst Crescent Ferndale, WA 6148									

The closing date is 1st March