

Family Name of Applicant: _____

Sign Up Venue: _____

Total # of Applications submitted: _____
 _____ # of Registrations
 Includes: _____ # of BCs

Date: _____

Reviewer: _____

Applications per State: NSW ___ Qld ___ Vic ___ ACT ___ Other _____

PART A: Guardian Parent or Primary Applicant Proof of ID

Category 1	Category 2	Category 3	Category 4
Birth Cert. <input type="checkbox"/>	Australian Drivers Licence <input type="checkbox"/>	Medicare Card <input type="checkbox"/>	Utility Bill (gas, water, electricity, mobile or home phone #) <input type="checkbox"/>
Citizenship Cert. <input type="checkbox"/>	Australian Passport <input type="checkbox"/>	Credit/Debit Card <input type="checkbox"/>	Bank Statement <input type="checkbox"/>
	Firearms Licence <input type="checkbox"/>	Centrelink/ Dept.of Vet. Affairs Card <input type="checkbox"/>	Current lease/Tenancy <input type="checkbox"/>
	Foreign Passport <input type="checkbox"/>	Student or Tertiary ID Card <input type="checkbox"/>	Agreement Rates Notice <input type="checkbox"/>
	Marriage Certificate <input type="checkbox"/>		
	RMS or RTA Photo Card <input type="checkbox"/>	MUST have at least three (3) of these Items for Proof of ID	
	Cert. of Aboriginality <input type="checkbox"/>	Prefer one each from Cat 1,2 & 3	
	Centrelink Statement <input type="checkbox"/>	At least two (2) from Category 3	

PART B: Guardian/ Parent/Carer Proof of Link to Child

Category 3
Medicare Card <input type="checkbox"/>
Centrelink/ Dept.of Vet. Affairs Card <input type="checkbox"/>
MUST have Children's name on at least one of these Cards.

PART C: Proof of Child Identity

Medicare Card <input type="checkbox"/>
Preschool or School Report <input type="checkbox"/>
Medical Certificate (From Family GP with full name & DOB) <input type="checkbox"/>
Health Insurance Commission Immunisation Certificate <input type="checkbox"/>
A Centrelink Letter (if full name is shown) <input type="checkbox"/>
MUST have at least one of these Items for Birth Registration Purposes

PART D: JP Certification

YES

No

PART E: AUTHORITY Form

Signed Dated

Addressed

PART F: Application

Signed

Completed