



**Queensland Police - Citizens Youth  
Welfare Association**

A.B.N. 58 009 666 193  
All correspondence to be addressed to:

**The Branch Manager,  
Sunshine Coast Police Citizens-Youth Club  
P.O. Box 693 Nambour Q. 4560**

**Street Address: Youth Avenue, Nambour Q 4560  
Telephone: (07) 5441 2915 \* Facsimile: (07) 5441 2263**



19 November 2010

**Dear Families**

This child care service is licensed by the Office for Early Childhood Education and Care, under the *Child Care Act 2002* and must comply with this Act and *Child Care Regulation 2003*, including, for example, the requirements relating to activities, experiences and programs, staff members' qualifications, numbers of staff members and children.

The Office for Early Childhood Education and Care Child Care Information Service contact numbers is 3224 4225 or freecall outside Brisbane 1800 637 711.

You are encouraged to ask the Co-ordinator or Branch Manager for information relating to the following:

- your child's enrolment at this service including the activities and experiences provided by the service;
- the service philosophy about learning and child development outcomes and how it is intended the outcomes will be achieved; and
- the goals about knowledge and skill to be developed through activities and experiences.

**Yours sincerely**

**Marty Hunt  
Branch Manager**



**PCYC QUEENSLAND:  
SCHOOL AGE CARE ENROLMENT FORM**

Please complete this form if you wish to enrol your child (ren) into our School Age Care program. Please ensure all information is correct and where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognised information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's coordinator.

**Key Enrolment Information - Child 1**

First Name:   
 Middle Name:   
 Last Name:   
 Child CRN:

(Example 322 323 411A (CRN = Customer Reference Number) - (You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child CRN is provided.)  
 Child's D.O.B  /  /  dd/mn/yy Priority of Access

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink.

PCYC Membership #  To be enrolled all children must be PCYC members  
 Gender: Female  Male

**Indigenous Status**  NOT Aboriginal OR Torres Strait Islander  
 Aboriginal AND Torres Strait Islander  
 [indicate which best describes your child]  Aboriginal NOT Torres Strait Islander  
 Torres Strait Islander NOT Aboriginal

**Religious/Cultural Requirements**  Does your child have any religious/cultural requirements?  
if your child does have a cultural/religious requirement please provide passport size photo of your child

**Photos -yes**  I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

**Swimming Ability** Can't Swim  Good Swimmer   
 Poor Swimmer  Excellent Swimmer

**Dietary Requirements**  Does your child have any special dietary requirements? Provide information below  
if your child does have special dietary requirements please provide a passport size photo of your child.

**Supplementary Enrolment Information**

School Start Date  /  /  (Approximate Date is sufficient)

School Attends:

City/Town of Birth:

Nationality:

Language spoken at home

**Parenting Orders**

Parenting Orders, previously know as Court Orders (Prior to Family Law Act 1976) can include Parenting Plans, Parental Responsibility, Plans, Residence Orders and Contact Orders.

**If you are separated / divorced, who has legal custody of your child?**

Parent 1   :Name

Parent 2   :Name

Both

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?  
 Yes (complete below)  No

**Parent 1 Access Arrangements**

Full Time  Arrangement Details:

Limited

**Parent 2 Access Arrangements**

Full Time  Arrangement Details:

Limited

**Health Details**

**Immunisation Status**

Please mark this box if your child's immunisation status is up to date   
 if your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected

**Allergies** - If necessary continue on separate paper & provide a written treatment plan if one is available.

Does your child suffer from any allergies?

if yes please provide passport size photo of child  
 No  Yes (specify below)

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

**Allergy 1.**

Allergy Description:

Allergy Treatment:   
Complete a medication form if you require staff to administer medication on your behalf

**Allergy 2.**

Allergy Description:

Allergy Treatment:   
Complete a medication form if you require staff to administer medication on your behalf

**Asthma**

Does your child suffer from Asthma?

if yes please provide child passport size photo  
 No  Yes (specify below)

To assist us to look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:   
You must complete a medication form if you require staff to administer medication on your behalf.

**Other Medical Conditions**

Does your child suffer from any of the following medical conditions?

if yes please provide a passport size photo  
 ADD  ADHD  Aspergers Syndrome   
 Autism  Epilepsy  Learning Difficulty   
 Phobias  Physical Disability  Intellectual Disability   
 Heart Problems  Sensory Impairment  Behaviour Disorder

Other:

if you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

**Condition 1.**

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

**Condition 2.**

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

**Programs**

Please tick which School Age Care program you would like to enrol your child into, remembering not all programs may be available at this service

BSC  ASC  VAC  Teen Program

**Booking Details**

Please indicate which days you require care. See coordinator for Vacation Care booking details.

Before School Care	Mon	Tue	Wed	Thu	Fri
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Care	Mon	Tue	Wed	Thu	Fri
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care to start on:

Additional Booking Information:

**SCHOOL AGE CARE ADDITIONAL CHILD ENROLMENT FORM**

Please request additional enrolment forms from coordinator if you are enrolling more than two children into the PCYC School Age Care Service.

Please complete this form if you wish to enrol your child (ren) into our School Age Care program. Please ensure all information is correct and where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognised information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's coordinator.

**Key Enrolment Information - Child 2**

First Name:

Middle Name:

Last Name:

Child CRN:

(Example 322 323 611A (CRN = Customer Reference Number) - (You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child CRN is provided.

Child's D.O.B  /  /  dd/mm/yy Priority of Access

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paperwork from Centrelink for your priority of access number, alternatively contact Centrelink.

PCYC Membership #  To be enrolled all children must be PCYC members

Gender: Female  Male

**Indigenous Status**  NOT Aboriginal OR Torres Strait Islander

[indicate which  Aboriginal AND Torres Strait Islander

best describes  Aboriginal NOT Torres Strait Islander

your child)  Torres Strait Islander NOT Aboriginal

**Religious/Cultural Requirements**  Does your child have any religious/cultural requirements?

If your child does have a cultural/religious requirement please provide passport size photo of your child

**Photos -yes**  I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

**Swimming Ability** Can't Swim  Good Swimmer

Poor Swimmer  Excellent Swimmer

**Dietary Requirements**  Does your child have any special dietary requirements? Provide information below

If your child does have special dietary requirements please provide a passport size photo of your child.

**Supplementary Enrolment Information**

School Start Date  /  /  (Approximate Date is sufficient)

School Attends:

City/Town of Birth:

Nationality:

Language spoken at home

**Parenting Orders**

Parenting Orders, previously know as Court Orders (Prior to Family Law Ac 1996) can include Parenting Plans, Parental Responsibility, Plans, Residence Orders and Contact Orders.

If you are separated / divorced, who has legal custody of your child?

Parent 1  Name:

Parent 2  Name:

Both

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes (complete below)  No

**Parent 1 Access Arrangements**

Full Time  Arrangement Details:

Limited

**Parent 2 Access Arrangements**

Full Time  Arrangement Details:

Limited

**Health Details**

**Immunisation Status**

Please mark this box if your child's immunisation status is up to date   
 if your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected

**Allergies** - If necessary continue on separate paper & provide a written treatment plan if one is available.

Does your child suffer from any allergies?

If yes please provide passport size photo of child  
 No  Yes (Specify below)

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

**Allergy 1.**

Allergy Description:

Allergy Treatment:   
 Complete a medication form if you require staff to administer medication on your behalf

**Allergy 2.**

Allergy Description:

Allergy Treatment:   
 Complete a medication form if you require staff to administer medication on your behalf

**Asthma**

Does your child suffer from Asthma?

If yes, please provide child passport size photo  
 No  Yes (Specify below)

To assist us to look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:   
 You must complete a medication form if you require staff to administer medication on your behalf.

**Other Medical Conditions**

Does your child suffer from any of the following medical conditions?

If yes please provide a passport size photo

ADD  ADHD  Aspergers Syndrome

Autism  Epilepsy  Learning Difficulty

Phobias  Physical Disability  Intellectual Disability

Heart Problems  Sensory Impairment  Behaviour Disorder

Other:

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

**Condition 1.**

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

**Condition 2.**

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

**Programs**

Please tick which School Age Care program you would like to enrol your child into, remembering not all programs may be available at this service

BSC  ASC  VAC  Teen Program

**Booking Details** Please indicate which days you require care. See coordinator for Vacation Care booking details.

Before School Care	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>
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After School Care	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>
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Care to start on:

Additional Booking Information:

**Parent/Guardian Details**

**Parent 1: Details** – Must be Account holder and person who is registered with FAO

First Name:   
 Middle Name:   
 Last Name:   
 Relationship to child:   
 Family CRN:   
(Example 322 223 811A (CRN – Customer Reference Number) – (You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child CRN is provided.)  
 Parent D.O.B  /  /  dd/mm/yy

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink.  
 Gender: Female  Male

**Address:**   
  
 Suburb:  Postcode:   
**Billing Address:**   
  
If same as address please write as above

Home Tele:   
 Mobile Tele:   
 Work Mobile:   
 Email:   
 Would you like to receive the following via email?  
 Accounts  Service Information  Newsletters

Please tick if you would like to receive this information in a language other than English:  (specify language below)

**Parent 2: Details:**

First Name:   
 Middle Name:   
 Last Name:   
 Relationship to child:   
 Parent D.O.B  /  /  dd/mm/yy  
 Gender: Female  Male

**Address:**   
  
 Home Tele:   
 Mobile Tele:   
 Work Mobile:   
 Email:

**Emergency Contact Order** Please indicate order in which you would like staff to make contact in case of emergency:

Parent 1   
 Parent 2  If applicable  
 Additional Contact 1   
 Additional Contact 2   
 Additional Contact 3  If applicable  
 Additional Contact 4  If applicable

**Child Summary**

School Age Care Children:  
 Child (a)   
 Child (b)   
 Child (c)   
 Additional Children – Children who attend Long Day Care/Family Day Care or in Home Care  
 Child (a)   
 Child (b)   
 Child (c)

**Additional Emergency Contact Details**

Please nominate those who are authorised to collect or to be contacted in case of emergency in order of preference. Tick one or both boxes to nominate contact authorisations.

**Details for Contact 1:** Emergency Contact  Authorised Pickup   
 First Name:   
 Last Name:   
 Home Address:   
  
 Home Tele:   
 Mobile Tele:   
 Work Tele:   
 Relationship to Child

**Details for Contact 1:** Emergency Contact  Authorised Pickup   
 First Name:   
 Last Name:   
 Home Address:   
  
 Home Tele:   
 Mobile Tele:   
 Work Tele:   
 Relationship to Child

**Details for Contact 3:** Emergency Contact  Authorised Pickup   
 First Name:   
 Last Name:   
 Home Address:   
  
 Home Tele:   
 Mobile Tele:   
 Work Tele:   
 Relationship to Child

**Details for Contact 4:** Emergency Contact  Authorised Pickup   
 First Name:   
 Last Name:   
 Home Address:   
  
 Home Tele:   
 Mobile Tele:   
 Work Tele:   
 Relationship to Child

**Medical Contacts**

When seeking medical treatment, increasingly health professionals are requesting child care services provide the following information before treating a child. Please assist us provide timely treatment by providing the necessary information.

Medicare Number:   
 Health Fund (if applicable)   
 Doctors Surname   
 First Name   
 Surgery Address   
 Post code   
 Surgery Telephone:

**Parent/Guardian Involvement** – We encourage parents/guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

**General Permissions:**

Please print full names, tick the appropriate boxes and initial each term and agreement. **Please be aware where a signature, initials or indication that agreement has not been read will result in your child's enrolment not being processed.**

Parent Name:  (The parent/guardian of the following children)

Child 1 Name:  Child 2 Name:

Child 3 Name:  Child 4 Name:

- | <input checked="" type="checkbox"/> <b>Terms</b>   | <b>Initial</b> |
|--|----------------|
| <input type="checkbox"/> I have read and understand and agree to abide by the conditions stated in the latest edition of the Parent Handbook   | _____          |
| <input type="checkbox"/> Agree to familiarize myself with the programs and inform staff if I do not wish for my child (ren) to participate in a particular activity  | _____          |
| <input type="checkbox"/> If applicable understand my child (ren) will be transported by bus or walk to and from school and excursions and I understand that when fitted, my child will be required a seat belt. Children under 7 will be provided with a booster seat in a vehicle with 12 or less seats   | _____          |
| <input type="checkbox"/> Give permission for staff to apply sunscreen (30+) if my child has an allergy. I agree to provide suitable sunscreen for my child   | _____          |
| <input type="checkbox"/> Consent PCYC staff providing: a) First Aid, or where appropriate, b) administering such emergency medical treatment as is reasonable necessary; c) seeking medical attention, and that I will reimburse any necessary expenses incurred by the service.   | _____          |
| <input type="checkbox"/> Agree to collect or make arrangements for collection of my child (ren) if he/she becomes unwell at the service.   | _____          |
| <input type="checkbox"/> Agree to inform the School Age Care Service of other children attending Long Day Care/Family Day Care/In Home Care or any other service where CCB is provided. I must notify the School Age Care Service of any child changes that may occur.   | _____          |
| <input type="checkbox"/> Consent for PCYC School Age to share/attain information with my child('s) School Administration and staff on issues pertaining to my child  | _____          |
| <input type="checkbox"/> I understand that CCB is payable for only 42 allowable absence each year and authorise the PCYC to record an allowable absence on any day my child (ren) is/are enrolled but does not attend, unless I provide a valid reason (according to Government requirements).   | _____          |
| <input type="checkbox"/> Agree to pay all fees (including excursion fees) of the days my child is successfully enrolled, regardless of whether my child is enrolled but does not attend. I agree that 48 hours notice of non-attendance must be given otherwise I will be charged for the booked sessions.                                       | _____          |
| <input type="checkbox"/> Understand that fees are due and payable a minimum of one week in advance at all times, and I may be required to enter into a payment plan using our prescribed third party company iDebit, if my fees are not paid by the due date or if I get in arrears  | _____          |
| <input type="checkbox"/> Understand that my child (ren) care can be cancelled if my fees fall into arrears by more then 7 days and I agree to pay all outstanding costs, including legal expenses, incurred by the service to collect payment of outstanding fees.   | _____          |
| <input type="checkbox"/> Agree to pay a minimum of one week's gap fee upfront upon enrolment for BSC and ASC and fees are requested a minimum of two weeks upfront for VAC care prior to my child (ren) commencing attendance.   | _____          |
| <input type="checkbox"/> Understand that in the event my child (ren) is sent home with a suspected infectious illness a medical clearance/certificate must be provided on return of my child (ren) to the service  | _____          |
| <input type="checkbox"/> (If applicable) give permission for my child (ren) to play, under supervision, on the school-oval and/ or local park.   | _____          |
| <input type="checkbox"/> Should staff arrive at school to collect my child (ren) and the child (ren) is/are not in the designated area and I have not informed the service of my child (ren) absence, agree to pay a \$2.00 fee will be charged to my account for each telephone call that is made to discover the whereabouts of my child (ren) | _____          |
| <input type="checkbox"/> Understand that my child (ren) maybe required to leave the service because of priority access considerations as detailed in section 6.3 – pages 67-68 of the Child Care Service Handbook 2010-2011 (Australian Government, Dept of Families and Community Services).  | _____          |

**Parent/Guardian Signature**

Parent Signature:

Print Name:

Date:

**Induction Information**

Please check to ensure that you have received all the relevant information when enrolling your child into our services.

- Parent Handbook     Session Times     Fees and Cost     PCYC Membership     All About Me Booklet
- iDebit Application     Service Newsletter     SAC Booking Form     QA Information Booklet



## Application for Membership

### Member Details

_____	_____	_____	____/____/____	M / F
First name	Middle name/initial	Family Name	Date of birth	Gender
_____	_____	_____	_____	_____
Street N°	Street	Suburb	Post code	
_____	_____	_____	_____	
Home Phone N°	Work N° (if applicable)	Mobile N° (if applicable)		
Email address _____				
_____	_____	_____	_____	
Occupation	School or College	Grade or Level		
Activities in which the applicant will participate		Describe any Activity in which the applicant should NOT participate		

Describe any relevant illness/allergies from which the applicant suffers

**NB. If there are any relevant existing custody issues please attach details**

**Emergency Information** (who should we contact if there is an accident or other emergency?)

_____	_____	_____
First Name	Family Name	Relationship
_____	_____	_____
Home Phone N°	Work N°	Mobile N° (if applicable)
Doctor's Name / Contact N° _____		

I authorise / do not authorise the PCYC to take and use any photographs, videos or sound recordings of me/ the child and any other reproductions or adaptations of my/the child's likeness ("the Material"), either in full or part, in conjunction with any wording or drawings, in any PCYC publications, productions or presentations. I acknowledge that I have/ the child has no rights in the material or in any PCYC publications, productions or presentations that include the material.

**I hereby certify the particulars I have provided are correct and I accept the conditions of clauses 1-4 which are detailed overleaf**

_____	_____	____/____/____
<b>Applicant (18 years and over)</b>	<b>or Parent/Guardian (for child)</b>	<b>Date</b>

Are you willing to volunteer your skills or time to the PCYC? YES  NO

If yes:  coaching  administration  other (please specify) \_\_\_\_\_  
 cleaning  gardening

**N.B. Membership is valid for all PCYC Branches in Queensland**

**DIRECT DEBIT REQUEST / CREDIT CARD AUTHORITY**



**PCYC  
Sunshine Coast**



<input type="checkbox"/> <b>New Direct Debit Request</b>	<input type="checkbox"/> <b>Amendment to Direct Debit Request</b>	<input type="checkbox"/> <b>iDebit Client Reference</b>
<input type="checkbox"/> <b>New Credit Card Authority</b>	<input type="checkbox"/> <b>Amendment to Credit Card Request</b>	<b>2162</b>
<b>Family ID</b>		<b>Alternate Reference</b>

**Request and Authority to debit the account named below:**

**Surname** \_\_\_\_\_ **Christian names "YOU"** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email Address** \_\_\_\_\_

Please complete **BOTH** Section 1 Direct Debit Request & Section 2 Credit Card Authority

**Section 1 Direct Debit Request** **Primary**  **Secondary**

**Financial Institution Name** \_\_\_\_\_ **BSB** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Address of Financial Institution** \_\_\_\_\_

**Account Holder's Name** \_\_\_\_\_

**Signature of Account Holder** \_\_\_\_\_ **Signature of Account Holder** \_\_\_\_\_

*Please note if account is joint both signatures are required*

You request and authorise Indue Limited ("Indue") ABN 97 087 822 464 (User ID 360359) to debit funds from the nominated account identified in this Section 1 through the Bulk Electronic Clearing System ("BECS") in accordance with this Direct Debit Request and the terms and conditions set out in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement. You acknowledge and agree that for each Debit Payment Indue debits from your nominated account identified in this Section 1, you will be charged an additional transaction fee of \$0.77. You authorise Indue to debit this additional fee from the nominated account identified above at the same time Indue debits each Debit Payment.

**Section 2 Credit Card Authority** **Primary**  **Secondary**

**Credit card details** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_ / \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_ **Cardholder's Signature** \_\_\_\_\_

You request and authorise Indue Limited ("Indue") ABN 97 087 822 464 to debit funds from the credit card account identified in this Section 2 in accordance with this Credit Card Authority and the terms and conditions set out in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement. You acknowledge and agree that for each Debit Payment Indue debits from the credit card identified in this Section 2 you will be charged an additional transaction fee of 1.50% of the total value of your Debit Payment. You authorise Indue to debit this additional fee from the credit card identified above at the same time Indue debits each Debit Payment.

**Section 3 Payment Schedule**

**First Debit Date** \_\_\_\_\_ **First Debit Amount** \_\_\_\_\_

Or for any such other amount/s or period/s as directed by you to Indue or the Business from time to time in accordance with the fee schedule or contract provided by the Business to you. In circumstances where there are insufficient funds in your Account to meet a Debit Payment you authorise Indue to re-process any unsuccessful Debit Payment.

**Section 4 Payment Period**

**Weekly**  **F/nightly**  **Monthly**  **If no payment period is specified then default to weekly.**  
 You acknowledge and agree that you will be charged an initial establishment fee of \$2.20. You authorise Indue to debit this establishment fee from the Account on the First Debit Date.

By signing this Direct Debit Request/Credit Card Authority you acknowledge that you have read and understood the terms and conditions under which debit arrangements are made between you and Indue in this Direct Debit Request/Credit Card Authority and the direct Debit Request Service Agreement & Credit Card Authority Service Agreement and agree to be bound by them.

The definitions of words that are capitalised are explained in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement.

## DIRECT DEBIT REQUEST / CREDIT CARD AUTHORITY

Indue Limited ABN 97 087 822 464  
Level 3, 601, Coronation Drive, Toowong QLD 4066  
PO Box 523, Toowong QLD 4066  
Phone 1300 433 248 Fax (07) 3258 3449

### Direct Debit Request Service Agreement & Credit Card Authority Service Agreement

This is your Direct Debit Request Service Agreement & Credit Card Authority Service Agreement with Indue Limited ABN 97 087 822 464 (Debit User ID 360369). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your direct debit provider.

Please keep this Agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request / Credit Card Authority and should be read in conjunction with the authorisations you provided to us in the Direct Debit Request / Credit Card Authority.

<b>Definitions</b>	<p><b>Account</b> means the account and/or credit card account held at Your Financial Institution from which we are authorised to arrange for funds to be debited.</p> <p><b>Agreement</b> means this Direct Debit Request Service Agreement &amp; Credit Card Authority Service Agreement between you and us.</p> <p><b>Business</b> means Queensland Police Citizens youth Welfare Association. ACN 009666193.</p> <p><b>Business Day</b> means a day other than a Saturday or Sunday or a national public holiday.</p> <p><b>Indue</b> means Indue Ltd ABN 97 087 822 464.</p> <p><b>Debit Day</b> means the day that you have authorised us to arrange for funds to be debited from your Account.</p> <p><b>Debit Payment</b> means a particular transaction where a debit is made.</p> <p><b>Direct Debit</b> refers to the process whereby you provide us with the Direct Debit Request / Credit Card Authority which authorises us to arrange for funds to be debited from an account held with Your Financial Institution or from your credit card.</p> <p><b>Direct Debit Request / Credit Card Authority</b> means the Direct Debit Request / Credit Card Authority between you and us.</p> <p><b>First Debit Amount</b> means the amount inserted by you on the Direct Debit Request / Credit Card Authority, which records the first amount that you authorise us to debit from your Account.</p> <p><b>First Debit Date</b> means the date inserted by you on the Direct Debit Request / Credit Card Authority, which records the date that you authorise us to debit the First Debit Amount from your Account.</p> <p><b>Regular Debit Date</b> means the date inserted by you (if applicable) on the Direct Debit Request / Credit Card Authority, which records the date you authorise us to debit the Regular Debit Amount from your Account.</p> <p><b>Total Debit Amount</b> means the total amount inserted by you (if applicable) on the Direct Debit Request / Credit Card Authority that you authorise us to debit from your Account whilst you have this Agreement with us.</p>
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<b>Definitions</b>	<p><b>Us or we</b> means Indue, that you have authorised by requesting a Direct Debit Request / Credit Card Authority.</p> <p><b>You</b> means the customer who signed or authorised by other means the Direct Debit Request / Credit Card Authority.</p> <p><b>Your financial institution</b> is the financial institution nominated by you on the Direct Debit Request / Credit Card Authority at which your Account is maintained.</p>
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<b>Debiting your Account</b>	<p>By signing the Direct Debit Request / Credit Card Authority or providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your Account. You should refer to the Direct Debit Request / Credit Card Authority and this Agreement for the terms of the arrangement between us and you.</p> <p>We will only arrange for funds to be debited from your Account as authorised in the Direct Debit Request / Credit Card Authority.</p> <p>Indue will, in the first instance, debit (deduct) the Debit Payment from the Account nominated by you in the Direct Debit Request as being the primary Account. If there are insufficient funds in your primary Account to meet a Debit Payment, you authorise Indue to re-process any unsuccessful Debit Payment. Indue will, in the first instance, attempt to re-process the Debit Payment to the Account nominated by you on the Direct Debit Request, as being the primary Account. If the re-processing of that Debit Payment is unsuccessful, you authorise Indue to debit (deduct) that Debit Payment from the Account nominated by you in the Direct Debit Request as being the secondary Account.</p> <p>If the Debit Day falls on a day that is not a Business Day, we may direct Your Financial Institution to debit your Account on the following Business Day. If you are unsure about which day your Account has or will be debited you should ask Your Financial Institution.</p>
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<b>Business</b>	<p>By signing the Direct Debit Request / Credit Card Authority you acknowledge that we are acting as a third party payment processor for the Business to arrange for the funds to be debited from your Account. Accordingly, you agree to pursue all claims you have in respect of the goods and services provided to you by the Business or the terms and conditions of any agreement entered into between you and the Business against the Business. As Indue does not supply the goods or services that relate to the payments it processes for the Business, you agree not to pursue Indue in respect of any claim you may have in respect of the quantity, the quality or the merchantability of those goods or services supplied by the Business.</p>
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<b>Changes by you</b>	<p>If you wish to stop or defer a Debit Payment or terminate this Agreement, you must notify us at least seven (7) Business Days before the next Debit Day. This notice should be given to the Business in the first instance by telephoning the Business on (07) 3909 9555 during business hours or providing written notice to the Business at 61 Southgate Avenue, Cannon Hill, Qld. 4170</p> <p>Alternatively you may:</p> <ul style="list-style-type: none"><li>• write to us at PO Box 523, Toowong, QLD 4066;</li><li>• telephone us on 1300 433 248; or</li><li>• arrange it through Your Financial Institution, which is required to act promptly on your instructions.</li></ul>
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<b>Your obligations</b>	<p>It is your responsibility to ensure that there are sufficient clear funds available in your Account to allow a Debit Payment to be made in accordance with the Direct Debit Request / Credit Card Authority.</p> <p><b>If there are insufficient funds in your Account to meet a Debit Payment:</b></p> <ul style="list-style-type: none"><li>• you may be charged a fee and/or interest by Your Financial Institution; and</li></ul>
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## DIRECT DEBIT REQUEST / CREDIT CARD AUTHORITY

- you must arrange for the Debit Payment to be made by another method or arrange for sufficient cleared funds to be in your Account by an agreed time so that we can process the Debit Payment.
- you authorise Indue to re-process any unsuccessful Debit Payment.

You should check your account statement to verify that the amounts debited from your Account are correct.

<b>Disputes</b>	<p>If you believe that there has been an error in debiting your Account, you should notify the Business in the first instance and confirm that notice in writing with the Business as soon as possible so that the Business can resolve your query more quickly. If the Business cannot resolve the matter or you are not satisfied with the Business's handling of the matter, you may contact us directly on 1300 433 248. Alternately you can take it up directly with Your Financial Institution.</p> <p>If we conclude, as a result of our investigations, that your Account has been incorrectly debited we will respond to your query by arranging for Your Financial Institution to adjust your account (including interest and charges). We will also notify you in writing of the amount by which your Account has been adjusted.</p> <p>If we conclude as a result of our investigations that your Account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.</p> <p>If we cannot resolve the matter or you are not satisfied with our proposed resolution, you can still refer it to Your Financial Institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.</p>
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<b>Accounts</b>	<p>You should check:</p> <ul style="list-style-type: none"><li>● with Your Financial Institution whether direct debiting is available from your Account as direct debiting is not available on all accounts offered by financial institutions;</li><li>● your Account details which you have provided to us are correct by checking them against a recent account statement; and</li><li>● with Your Financial Institution before completing the Direct Debit Request / Credit Card Authority if you have any queries about how to complete the Direct Debit Request / Credit Card Authority.</li></ul>
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<b>Confidentiality</b>	<p>We will keep any information (including your Account details) in your Direct Debit Request / Credit Card Authority confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification reproduction or disclosure of that information.</p> <p>We will only disclose information that we have about you:</p> <ul style="list-style-type: none"><li>● to the extent specifically required by law;</li><li>● to the Business; or</li><li>● for the purposes of this Agreement (including disclosing information in connection with any query or claim).</li></ul>
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<b>Notice</b>	<p>If you wish to notify us in writing about anything relating to this Agreement you should write to Indue, PO Box 523, Toowong Qld 4066.</p> <p>We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request / Credit Card Authority.</p> <p>Any notice will be deemed to have been received two Business Days after it is posted.</p>
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