



Community Related Insurance and
Superannuation Program

CRISP is a business name licenced to Willis Australia Limited

AFS Licence No 240600

ABN 90 000 321 237

Underwritten by

Calliden Insurance Limited

AFS Licence No 234438

ABN 47 004 125 268

Telephone: 1300 652 556

Fax: (02) 9283 5276

Postal address: Q216, QBV, Post Shop, NSW 1230

Level 5, 179 Elizabeth Street, Sydney NSW 2000

Email: insurance@crispinsurance.org.au

www.crispinsurance.org.au

Important Notices

Duty of Disclosure

This Duty of Disclosure Applies to the Business Package, General Liability and Association Liability Insurance Policies.

This policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know, or
- We have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non- disclosure was fraudulent.

This Duty of Disclosure Applies to the Motor Vehicle and Personal Accident Insurance Policies.

What You Must Tell Us

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who Needs to Tell Us?

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

Privacy

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises Willis to collect this information on Calliden's behalf and to use it for Willis' purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the application form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

Don't Prevent Our Right of Recovery

The policies you are applying for contain a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

Underinsurance

The Business Package policy is subject to an 80% "Underinsurance" clause. This means that if you have insured items under this Policy for less than 80% of their actual value at the time you took out this Policy, we will reduce the amount we pay you under this Policy in accordance with the following sum:

Sum Insured x Amount of loss/damage ÷ 80% of value = Amount payable by Calliden (up to the Sum Insured).

The "Underinsurance" clause applies to the Fire, and the "Gross Income" and Departmental Clause under the Business Interruption Section and Electronic Equipment Sections.

GST

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this policy, you should seek advice from your accountant or tax professional.

About the Agent

Willis Australia Limited – AFS Licence No 240600 ABN 90 000 321 237 acts under a binding authority given to it by the Insurer to administer and issue policies, alterations and renewals. In all aspects of this policy Willis acts as an agent of the Insurer and not for you.

Notices Applicable to the Association Liability Policy Only

Claims Made and Notified Policy

The application as far as it relates to Association Liability Insurance is for a 'claims made' policy. This means that the policy covers you for claims made against you during the period of insurance specified in your policy schedule and notified to us during that period of insurance.

This means that the policy does not provide cover in relation to:

- Events which occurred prior to the period of insurance or any earlier retroactive date stipulated in the policy schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous or of which notice had been given under any previous policy;
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

Section 40(3) of the Insurance Contracts Act 1984 provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has.

Given notice in writing to the insurer:

- of the facts that might give rise to a claim against the insured;
- as soon as was reasonably practicable after the insured became aware of those facts; and
- before the expiry of the period of insurance.

Retroactive Liability

The Association Liability insurance may be limited by a retroactive date which will be shown on the schedule. If a retroactive date applies the policy does not cover any claim arising from any actual or alleged act, error, omission or conduct occurring prior to the retroactive date.

Average Provision

One of the provisions of the proposed Association Liability insurance provides that where the amount required to dispose of a claim exceeds the limit of indemnity in the policy then the insurer will only be liable only for a proportion of the total costs and expenses. This will be the same proportion of the total costs and expenses as the policy limit bears to the total amount required to dispose of the claim.

General Insurance Application Form

- If there is insufficient room to complete a question, please attach a signed and dated addendum.
- Any documents attached to the application form are part of this application.

Your Details

1. Full legal name of the Association/Organisation
2. Is the Insured: A Public Company An Incorporated Association Incorporated by Statute
Other (please specify) _____
3. Date(s) of commencement of Association/Organisation
4. Are you registered for GST purposes?
No Yes ➤ If 'yes', what is your ABN?
5. Address (please include all situations)
6. Postal Address (if different from the above address)
7. Contact Name
8. Contact Telephone No Facsimile No
9. Email Address Website Address
10. Interested Parties e.g. Mortgagee/Lessee
Name of interested party Type of Interest
Address
11. Please describe the Association/Organisation's primary activity
12. Is the organisation a member of any other community association or group?

13. Would you like to receive correspondence by email?

No Yes ➤ If 'yes', please advise email address

14. Are you a registered Not for Profit organisation? No Yes

15. Is the Association/Organisation a subsidiary of another entity?

No Yes ➤ If 'yes', please state the name of the ultimate holding company.

16. Prior corporate entity

Has the name of the Association/Organisation detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation of your business taken place?

No Yes ➤ If 'yes', please detail changes in chronological order.

17. Are you stamp duty exempt? No Yes ➤ If 'yes', please provide evidence of the exemption. If 'no', please provide a percentage breakdown of your revenue in the last 12 months.

NSW _____%	VIC _____%	QLD _____%	SA _____%	NT _____%
WA _____%	ACT _____%	TAS _____%	Overseas _____%	Total _____%

18. What is the actual total gross revenue for the last 12 months?

\$

19. What is the estimated total gross revenue for the next 12 months?

\$

General Questionnaire

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of Yours, required special terms to insure You, or declined or refused a claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have You, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the last 2 years have You, or any other person to whom cover extends under this policy received any threats to life or property (private or business)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is any portion of the property to be insured in a state of disrepair or poor condition? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any of questions 1-5 above please **give full details**

Question No. Reasons

Fire and Specified Perils including Glass

Buildings	\$
Contents (Ex-stock)	\$
Stock	\$
Removal of Debris (policy provides \$25,000 automatically)	\$

Smoke Detectors	Hose Reels	Extinguishers

1. How many years have You operated the business: at current premises years,
at previous premises years.

2. Deadlocks on all external doors Yes No

3. Window locks Yes No

4. Local Alarm Yes No

5. Construction Walls Roof Floor

--	--	--

Business Interruption

Indemnity Period months

Gross Profit		\$
Weekly Income		\$
Increased Cost of Working	Automatic cover of \$10,000 provided if Fire and Specified Perils section is taken	\$
		\$
Gross Rentals	Indemnity Period <input type="checkbox"/> months	\$
Accountant's Fees	Automatic cover of \$10,000 provided if Fire and Specified Perils section is taken	\$
Supplier's or Customer's Premises		\$

Theft of Property

Stock	\$
Contents other than Specified Items listed below	\$

Theft of Money

Loss of Money	\$
---------------	----

Machinery, Electrical Equipment, Goods in Cold Chambers

Indicate cover required by ticking the appropriate box.

- Machinery Breakdown Limit per event \$ _____
- Pressure Equipment – Explosion and Collapse Limit per event \$ _____

Property to be insured

Description of property, make, model, distinguishing marks

Goods in Cold Chambers – Deterioration Tick if required

Description of Refrigeration Plant and Contents	State of Goods
	<input type="checkbox"/> Frozen <input type="checkbox"/> Unfrozen
	<input type="checkbox"/> Frozen <input type="checkbox"/> Unfrozen

Is the Property (or any part thereof) to be insured:

- (a) regularly serviced? No Yes ➤ *If 'yes' please state the details*
- (b) owned by You? No Yes ➤ *If 'yes' please state the details*
- (c) an unregistered boiler or pressure vessel? No Yes ➤ *If 'yes' please state the details*
- (d) more than twenty years old, or not in current production? No Yes ➤ *If 'yes' please state the details*
- (e) been modified to perform other than originally intended by the manufacturer? No Yes
 ➤ *If 'yes' please state the details*

General Property

Item No.	Description of property (include serial no. or other identification)	Sum Insured
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
Total Sum Insured		

Motor Vehicles Owned

1. Please provide the following details of the organisation's vehicles.

Reg No.	Vehicle Description (Year, Make, Model)	Original Purchase Price	Alterations/Modification

2. Previous insurance record
State the following for the past five (5) years

	Name of Previous Insurer	Period of Insurance From	Period of Insurance To	No. of Vehicles
1 st Year				
2 nd Year				
3 rd Year				
4 th Year				
5 th Year				

Motor Vehicles Non-Owned

1. How many volunteer and staff motor vehicles will be used, at the most, at any one time?

Voluntary Workers Personal Accident

1. What types of work will the voluntary workers be performing?

2. How many voluntary workers will there be, at the most, at any one time?

3. Has any person ever been injured while doing voluntary work for You?
 No Yes ➤ If 'yes' please state the details

4. Are there any exceptional circumstance relating to the risk to be insured that You have not already told us about, and that You know or should know may affect our decision to insure You?
 No Yes ➤ If 'yes', please give relevant information

Public/Products Liability

1. Full name of all groups, which are to be covered by Your policy

2. Other than the primary activity already advised, please advise any other activities Your organisation carries out (e.g. deliver meals, transport clients, respite care, lawn mowing, home modifications etc.)

3. Where does Your funding come from (e.g. DADHC, Health Department, DOCS, Self-funded)

4. As an organisation, do You maintain a record of incidents/events that may give rise to a claim against the organisation? No Yes ➤ If 'yes', please advise how long these records are kept

--

5. Number of employees

Full Time	Part Time

6. Estimated funding 2008/2009

Government	\$
Fundraising	\$
Donations	\$
Other (please specify)	\$
Total:	\$

7. Do You have a volunteer register? No Yes

8. Approximate annual volunteer hours

--

9. a) If currently insured, list details of existing insurer

--

b) Current Sum Insured

\$	
----	--

c) Period of Insurance

From	/	/	to	/	/
------	---	---	----	---	---

d) Current Annual Premium

\$	
----	--

10. Premises – Number of premises utilised by Your group

Owned	Leased/Rented

Childcare

11. Does Your organisation care for children?

No Go to question 21 Yes ➤ If 'yes', please complete question 12

12. Is a childcare service provided for at any stage?

No Yes ➤ If 'yes', do the premises comply with Government legislation? No Yes

13. What is the age range of the children and the type of care provided (e.g. long day care, child minding, respite care, overnight care, short day care etc.)?

14. Operating Hours

--

15. Number of days open during the week

--

16. Number of children cared for

--

17. What is the maximum number of children under 4 years of age on the premises at any one time?

--

18. What is the carer to child ratio?

--

19. Are parents present at the location when care is provided? No Yes

20. Is Your childcare operation accredited through the National Childcare Accreditation Council Inc.?

No Yes ➤ If 'yes' please advise details

Respite or Similar Care

21. Does Your organisation provide respite or similar care?

No Go to question 26 Yes ➤ Please complete questions 22- 25

22. Minimum qualifications of Your people in control of respite care, brain injury or similar operations (e.g. qualified nurse, trained respite carer etc.)

23. Do Your people administer drugs or medicines of any kind?

No Yes ➤ - If 'yes', please advise what the procedure is

24. (a) What activities are required to be carried out which follow procedures or protocols issued by a competent authority, e.g. medical treatment?

(b) How do You make sure these procedures are followed?

25. Do people You care for stay overnight in Your facility?

No Yes ➤ - If 'yes', please advise what the average stay is?

Transportation

26. Does Your organisation provide transportation of clients throughout the business?

No Go to question 28 Yes ➤ If 'yes', please advise how often and for what purpose

27. Is Compulsory Third Party and Comprehensive cover checked for owned or borrowed staff/volunteer vehicles when used for transportation?

No Yes

Adult/Youth Accommodation

If there is more than one premises, please provide details as above on separate page for each location

28. Do You provide either or both of the following accommodation (please tick appropriate box)

Day Accommodation Overnight Accommodation

If 'Yes', please contact our office for an "Adult/Youth Accommodation Questionnaire"

Home Visits

29. Do You conduct Home Visits?

No Yes

30. Estimated home weekly visitations?

--

31. What services are generally provided when You visit?

Tourist Information Centre/Museum/Historical Society

32. Does Your organisation run a tourist information, museum or historical society?

No Yes

If "Yes", please contact our office for a "Tourist Information Centre/Museum/Historical Society Questionnaire"

General

33. Does Your organisation organise or participate in any Social or Recreational Activities?

No Yes ➤ - If 'Yes', please tick all the appropriate activities and list the duration and estimated number of people to attend.

Activity	Duration	No. During the Year	No. of People Attending
<input type="checkbox"/> Sightseeing trips			
<input type="checkbox"/> Swimming			
<input type="checkbox"/> Camps			
<input type="checkbox"/> Walks			
<input type="checkbox"/> Ball games, bowling etc.			
Other:			
Other:			
Other:			

34. If You stated that Your organisation organises, promotes and co-ordinates any fair, festival, dance or disco, **please contact our office for an “Events Questionnaire”**

35. Is alcohol allowed or supplied at any of the above activities?

No Yes

If ‘Yes’, please contact our office for a “Alcohol Questionnaire”

36. Does the Association/Organisation engage in high hazard activities?

No Yes ➤ - *If ‘yes’, please advise what the high hazard activities are.*

37. Are these high hazard activities supervised by external, appropriately qualified people?

No Yes

38. Do You manufacture any products?

No Yes ➤ - *If ‘yes’, please provide details*

Association Liability

1. Required Total Sum Insured

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

2. (a) If currently insured, list details of existing insurer

--

(b) Current Sum Insured

\$

(c) Period of Insurance

From	/	/	to	/	/
------	---	---	----	---	---

(d) Current Annual Premium

\$

Directors and officers cover

3. Has any director or executive officer of the Association/Organisation been declared bankrupt or entered into a deed of assignment, composition or a scheme of arrangement with creditors?

No Yes ➤ - *If ‘yes’, please provide details*

4. Has any director or executive officer of the Association/Organisation been a director of an organisation placed in administration, a scheme of arrangement, receivership, liquidation or provisional liquidation?

No Yes ➤ - *If ‘yes’, please provide details*

5. Financial Statements

As part of this proposal please attach the most recent Audited Financial Statements (include balance sheet and income statement).

6. Is there any subsequent information of a material nature not disclosed in the attached financial statements that could affect the financial position, capital structure or operation of the Association/Organisation?

No Yes ➤ *If 'yes', please provide details*

Professional Indemnity cover

7. Nature of Business

State fully the nature of any professional services offered by or on behalf of the Association/Organisation. (Please provide copies of any brochures or other documentation which may assist us in gaining a better appreciation of the risk being proposed).

Please tick Yes or No and give details as requested

- | | No | Yes |
|--|--------------------------|--------------------------|
| 8. Does the Association/Organisation | | |
| (a) Provide legal, financial, investment or environmental advice? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Engage in any form of medical treatment, medical advice or scientific or medical research? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Provide any web hosting or act as an internet service provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Provide computer or information services or web sites with chat lines or bulletin boards or discussion areas where input can be posted by the public at large? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Promote or provide any form of insurance to Your members or act as insurance agent? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Engage in the manufacture, sale or distribution of any product or process or patented production process? | <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes" to any of the above, please provide details on a separate sheet.

Employment Practices cover

9. Please state the number of employees in the following salary ranges:

\$0 - \$35,000 \$35,001 - \$100,000 over \$100,000

10. (a) Did You initiate any termination(s) within the last 2 years?

No Yes ➤ *If 'yes' please state the reason for the termination (s) and the number of full-time and part-time employees terminated.*

(b) Please state the number of staff turnover for the last 2 years.

11. Are written policies in place regarding the following?

- | | | |
|--|-----------------------------|------------------------------|
| (a) Equal opportunity | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| (b) Anti-sexual harassment | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| (c) Discrimination | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| (d) Legal procedures to be followed before termination of employment | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Fidelity Cover

12. Have You sustained any loss through fraud or dishonesty of any employee?

No Yes

13. Are all cheques required to be signed by at least two different authorised signatures?

No Yes

14. Do You operate a trust account?

No Yes ➤ If 'yes', do You employ the services of an independent and qualified accountant to audit Your trust account? No Yes

15. Have You ever received a tax audit advice from the Australian Taxation Office?

No Yes

16. Do You employ the services of an independent accountant?

No Yes ➤ If 'yes', please state name and address.

Claims and Circumstances

Property

1. Has the Association/Organisation sustained any loss or damage to property or had any claims made against You in the last 5 years?

No Yes ➤ If 'yes', please advise type of claim, circumstances of loss, loss amount and date of loss.

Public Liability

2. Has the Association/Organisation had any claim made against them?

No Yes ➤ If 'yes', please provide details.

Association Liability

3. (a) At any time in the past, has any claim been made against the Association/Organisation or any Office Bearers, Executive Staff, Sub-committee members, employees of the Association/Organisation?

No Yes ➤ If 'yes', please provide details.

(b) Are there any circumstances not already notified to insurers which may give rise to a claim against the Corporation, or any Office Bearer, Executive Staff, Sub-committee members, employees of the Association/Organisation?

No Yes ➤ If 'yes', please provide details.

- (c) If insurance similar to that now proposed had been, or were now in effect, would any claim which had been made, or which is now pending against the Association/Organisation or any person proposed for insurance, have fallen within the scope of such insurance?

No Yes ➤ If 'yes', please provide details.

- (d) Is any person proposed for insurance aware, after enquiry, of any circumstances or incident which he/she believes might give rise to any future claim that would fall within the scope of such insurance?

No Yes ➤ If 'yes', please provide details.

- (e) Has the Association/Organisation or any person proposed for insurance ever had similar insurance cancelled or declined to renew, or had special terms imposed in relation to this type of insurance?

No Yes ➤ If 'yes', please provide details.

- (f) Has there been, or is there now pending, any prosecution of the Association/Organisation or its subsidiaries under the Corporations Law, Trade Practices Act, or any other statute?

No Yes ➤ If 'yes', please provide details.

Declaration

This declaration must be completed and signed by all parties applying for insurance or on their behalf by someone authorised to complete and sign this application.

I/we declare that:

- the answers and information given by me/us in this application are true and correct in all respects and that no material information has been withheld
- where answers in this application are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct
- I/we have read and understood the clauses detailed under the Important Notices section of this application
- if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required
- if any information given by me/us alter between the date of this application form and the inception date of the Insurance to which this application relates, I/we shall give immediate notice of this
- I/we authorise Calliden Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact
- we also confirm that the undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form. I/We complete this proposal form on their behalf, after enquiry has been made of all directors and senior staff.

Signature

Date

--	--

Name

Title

--	--

Signature

Date

--	--

Name

Title

--	--

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact Your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being voided.

Activity Addendum

Please tick all the activities below that your organisation carries out, showing the percentage this activity represents of your total activity.

Activity	Percentage of Total Overall Activity
<input type="checkbox"/> Meal Delivery Service	%
<input type="checkbox"/> Food Preparation/Kitchen	%
<input type="checkbox"/> Centre-based Meals	%
<input type="checkbox"/> Transport Service	%
<input type="checkbox"/> Day Care facility <input type="checkbox"/> Aged <input type="checkbox"/> Disabled <input type="checkbox"/> Children	%
<input type="checkbox"/> Respite Care <input type="checkbox"/> Aged <input type="checkbox"/> Day – Short <input type="checkbox"/> Day – Long <input type="checkbox"/> Overnight <input type="checkbox"/> Extended 2 or more days <input type="checkbox"/> Children <input type="checkbox"/> Day - Short <input type="checkbox"/> Day - Long <input type="checkbox"/> Overnight <input type="checkbox"/> Extended 2 or more days	%
<input type="checkbox"/> Neighbourhood Centre	%
<input type="checkbox"/> Home Modification and Maintenance <input type="checkbox"/> Lawn Mowing/Gardening only	%
<input type="checkbox"/> Neighbour Aid	%
<input type="checkbox"/> Transport	%
<input type="checkbox"/> Home Assessment	%
<input type="checkbox"/> Counselling	%
<input type="checkbox"/> Education/Training	%
<input type="checkbox"/> Information Referral	%
<input type="checkbox"/> Migrant Resource Centre	%
<input type="checkbox"/> Personal Care	%
<input type="checkbox"/> Home Help	%
<input type="checkbox"/> Resident Action Group/Progress Association	%
<input type="checkbox"/> Hostel/Supported Accommodation If yes, please advise the following details <input type="checkbox"/> Type of premise ie. house/self care unit <input type="checkbox"/> Approx. age of building <input type="checkbox"/> General Construction <input type="checkbox"/> Fire Protection <input type="checkbox"/> No. of residents per building <input type="checkbox"/> Average length of stay of residents	%
<input type="checkbox"/> Childcare Activities <input type="checkbox"/> Long Day Care <input type="checkbox"/> Short Day Care <input type="checkbox"/> Before and after school care <input type="checkbox"/> Vacation Care <input type="checkbox"/> Playgroup i.e. parents in attendance <input type="checkbox"/> Short Care while parents involved in group activity <input type="checkbox"/> Overnight Care <input type="checkbox"/> Ratio of carers to children	%
<input type="checkbox"/> Other activities	%

