



Ronald McDonald House®

# ACCOMMODATION APPLICATION FORM

PLEASE PRINT CLEARLY IN BLOCK LETTERS WITH BLUE OR BLACK PEN

**Consent** - You agree that by filling out this accommodation form you consent to us collecting the sensitive health information of your child, or another child or person for whom you are a guardian, as set out in this form.

Yes  No

Are you a:  New Family  Returning Family

Date of Arrival:  /  /

Estimated Date of Departure:  /  /

Car Registration:

## Parent / Guardian 1 Contact details

Title:  Mr  Mrs  Ms  Dr

First Name:

Surname:

Relationship to Patient:

Date of Birth:  /  /

Gender:  Male  Female

Mailing address:

State:  Postcode:

Email:

Home Ph:

Mobile:

## Parent / Guardian 2 Contact details

Title:  Mr  Mrs  Ms  Dr

First Name:

Surname:

Relationship to Patient:

Date of Birth:  /  /

Gender:  Male  Female

Mailing address:

State:  Postcode:

Email:

Home Ph:

Mobile:

## Patient Information

First Name:

Surname:

Date of Birth:  /  /

Gender:  Male  Female

Treating Doctor:

Hospital / Health Service:

Ward:

Social Worker:  Ext:

Healthcare Card:

What is the patient's illness or condition?

- Infectious Diseases
- Endocrine
- Oncology
- Orthopaedic
- Haematology
- Trauma / Accident
- ENT
- Ophthalmology
- Cardiac
- Cystic Fibrosis
- Neurological
- Antenatal
- Gastrointestinal
- Respiratory
- Neonatal / Premature Birth
- Renal
- Other (add note)
- Unknown

Diagnosis notes:

Who is staying in the house (night 1)?

- Parent / Guardian 1
- Parent / Guardian 2
- Patient
- Sibling
- Sibling
- Sibling
- Other

**Please turn over and fill in other side**

# ACCOMMODATION APPLICATION FORM CONT.

## How did you hear about us?

  
  

## Other Guests (for security purposes)

First Name:

Surname:

Gender:  Male  Female

Date of Birth: / /

Relationship to Patient:

First Name:

Surname:

Sex:  Male  Female

Date of Birth: / /

Relationship to Patient:

First Name:

Surname:

Sex:  Male  Female

Date of Birth: / /

Relationship to Patient:

First Name:

Surname:

Sex:  Male  Female

Date of Birth: / /

Relationship to Patient:

## Special Needs

Do any of the following apply to anyone staying in the House? (& who)

- Vision Impairment
- Hearing Impairment
- Wheelchair

- With Infant
- Frail
- Pregnant
- Requires Isolation
- Allergies
- Other

## Emergency Contact

Must be someone who will NOT be staying with you at Ronald McDonald House

First Name:

Surname:

Relationship:

Home Ph:

Mobile Ph:

Notes:

  
  
  
  

## Background

To help us better meet your Needs:

Language spoken at home:

- English Only
- English & Other
- Other only, which is

Does anyone in your household identify as Aboriginal or Torres Strait Islander?

- Yes  No

Other relevant cultural / religious / background information:

## Collection Statement

Ronald McDonald House Charities Pty Ltd, each House Chapter and Program Entity (“RMHC” or “we” “us” or “our”) collect your personal information (such as, but not limited to, your full name, address, email address, phone number and health information about a child or adult who is receiving services from a House Chapter program). This information will generally be provided by you when you request that RMHC provides you and/ or your family with RMHC accommodation via this form.

We collect this personal information for the purpose of providing RMHC accommodation to you and/ or your family. If we do not collect your personal information as described, we will not be able to provide you with RMHC accommodation.

We do not provide your information to third parties, except as follows:

- as authorised or required by law;
- RMHC, the House Chapters and Program Entities may exchange your personal information between them;
- to universities or other research bodies for research purposes but only in a de-identified format;
- to our affiliates including RMHC Inc;
- to our business partners and service providers who assist us in the provision of our products and services to you including for example email service providers;
- to the relevant hospital for emergency contact purposes;
- where the assets and operations of our business are transferred to another party as a going concern; or
- you have provided your consent.

Our privacy policy at [www.rmhc.org.au/privacy-policy](http://www.rmhc.org.au/privacy-policy) contains information about:

- how you may access the personal information that is held by us and seek correction of such information; and
- how you may complain about a breach of the Australian Privacy Principles or a registered privacy code that binds us and how we will deal with such a complaint.

We may disclose your personal information overseas to our service providers in countries such as the US.

You can contact us at [rmhc@rmhc.org.au](mailto:rmhc@rmhc.org.au) if you have any questions.