



YOUTH RESOURCE CENTRE INTERNET CAFÉ APPLICATION FORM

Personal Details

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Date of Birth: _____ Age: _____

Contact Details

Home Phone: _____ Mobile: _____

Gender: Male Female (*please circle*)

Other Information

Name of School/University/College: _____

Reason for using the internet: Homework/Research/Other use (*please circle*)

Internet Café Conditions of Use

1. You must be between 10 and 25 years old to use the Internet Cafe.
2. Please see the staff at Reception before using a computer.
3. You may use a computer for up to one hour per day.
4. No inappropriate sites or chat rooms can be accessed at any time.
5. No food or drink is allowed at any computer workstations.
6. All users must be respectful of staff and visitors to the centre, i.e. Keep noise levels low.
7. Fees for printing apply; please ask at reception for current rates.

If you do not keep to the above conditions of use your membership will be taken away. I have read and understood the Rules of the Youth Resource Centre Internet Café.

Signature: _____ Date: _____

The personal information requested on this form is being collected by Wyndham City Council for the purpose of registering personal details to receive Internet Café Membership at Youth Services. The personal information will be used by Council and its contracted service providers for that primary purpose or directly related purpose from which is stated. The applicant understands that the personal information provided may be used in the case of the breach of the membership agreement above. Youth Services shall disclose to Youth Services staff to enter details onto the Youth database and disclose to Youth Service Staff for the purpose of mailing out of these promotional materials related to youth services, but shall otherwise remain private within Council unless disclosure is required by law. You may apply to Council for access and/or amendment of the information. Request for access and/or amendment of the information should be made in writing to Council's Privacy Officer. Name..... agree to adhere to the conditions of use outlined on this form and consent to the collection of the personal/health information on this form. Date .../.../...

Please note: A signature for the collection statement is only required when collecting sensitive personal information or health information, otherwise the requirement for a signature on the collection statement is not needed and can be deleted.