



## Cover page

**Please refer to the below notes or instructions when completing the Family Enrolment and Journey form**

Once a family joins HIPPY the Enrolment form should be filled out by HIPPY staff with the parents. For more information about the process of Enrolment in ETO see the Enrolment section of the ETO User Manual.

As families and staff take part in HIPPY, we are interested in learning more about the goals, Outcomes and achievements of participants in the program. The Journey forms allow family progress, based on individual markers for success, to be tracked throughout the length of the program. As the family progresses, the Journey forms go into greater detail around the outcome areas of families, children, communities, and training and employment in order to assess the impact of the program.

The Enrolment form (Age 4 Week 1 Journey form) is the first of four Journey forms.

Journey forms are to be completed by the person who does HIPPY with the child and then entered into ETO by a Coordinator. It is a critical, mandatory requirement that the information on this form continues to be collected and retained on paper (with data entered into ETO), to ensure data and program integrity.

# HIPPY Enrolment Form 2017

## HIPPY Child and Household Information

This section of the HIPPY Enrolment Form is asking for information about your child and the household where they live. The information you provide help us to know more about the children who are enrolling in HIPPY across Australia.

HIPPY Child	
<b>First name</b>	
<b>Last name</b>	
<b>DOB (dd/mm/yy)</b>	/ /
<b>Child's Gender</b>	
<b>Is the child an Aboriginal and/or Torres Strait Islander?</b>	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both Aboriginal and Torres Strait Islander <input type="radio"/> None of the above
<b>Child's Country of Birth</b>	
<b><u>Main</u> language spoken to the child at home</b>	
<b><u>Other</u> language spoken to child (if any)</b>	

Is your child currently attending an early childhood centre? Tick only one box.

- Yes                       No                       On waiting list

If Yes, on how many days per week does your child attend an early childhood centre? Tick only one box.

- 1-2 days               3-4 days               Everyday

If Yes, how much time per day does your child spend at an early childhood centre? Tick only one box.

- Half day               Full day               Varies

If Yes, what type of early childhood centre(s) does your child? Tick all boxes that apply.

- Kindergarten       Childcare centre       Crèche  
 Playgroup               Pre-school               Family Day Care

Has your child been involved in any other educational programs? Tick all boxes that apply.

- Sports               Recreation               Art               Music               Library  
 Religion               Other early childhood/parent learning program

Has your child been **diagnosed** with any of the following recognised conditions? Tick **all** boxes that apply.

- Autism spectrum disorder (incl. Autism, Asperger's Syndrome)
- Hearing difficulties
- Communication difficulties
- Intellectual difficulties
- Physical impairment
- Vision impairment
- Acquired Brain Injury
- Medical condition (incl. Asthma, Epilepsy, Allergy)
- Genetic disorders (incl. Down syndrome, Cystic Fibrosis)
- Other

Does your family hold a Health Care Card?

- Yes                       No                       Decline to answer

Do you have any other concerns about your child's development?

- No, I don't have any concerns  
 Yes, a little                       Yes, a lot

If yes, please tell us in which of the following areas?

- Behaviour, social and emotional maturity
- Communication and language
- Learning and remembering new things
- Physical health and well-being

Are there any special circumstances that the Coordinator should know about? (For example, is the child the subject of a court order, or does he or she live in out-of-home care arranged by the State?) Tick **all** that apply.

- Child is the subject of a Children's Court order
- Child is living in out-of-home care
- Child is the subject of a Family Court order
- No special circumstances

Is there anything else you'd like to tell us about your child?

- No                       Yes—please provide additional comments below:

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How did you hear about HIPPY? Tick **all** boxes that apply.

- Friends or family
- HIPPY Co-ordinator/tutor
- Early childhood centre
- School
- Poster/pamphlet/newspaper
- Other professional service
- Community event
- Online

**Who will be doing HIPPY with the child most of the time? Tick only one box**

- Mother                       Father                       Both Parents                       Step Mother                       Step Father  
 Grandmother                       Grandfather                       Sister                       Brother  
 Auntie                       Uncle                       Foster Carer                       Other \_\_\_\_\_

**Home Address:**

Street name and number: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details to make arrangements:**

- Mother                       Father                       Carer

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

**How many adults live in your household?** \_\_\_\_\_

**How many siblings or other children live in your household?** \_\_\_\_\_

(Not including the HIPPY Child/ren you are enrolling today)

**Parent and other Carer Information**

**HIPPY works well for all types of Families. This section is asking for information about the adults in your family who will be doing HIPPY with your child. This information helps us to know more about the different families from across Australia who want to do HIPPY at their place.**

	Parents and Carers in the household		
<b>Relationship to the HIPPY child (please tick)</b>	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Carer	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Carer	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Carer
<b>First name</b>			
<b>Last name</b>			
<b>DOB (dd/mm/yy)</b>	/ /	/ /	/ /
<b>Gender</b>			
<b>Are you Aboriginal and/or Torres Strait Islander?</b>	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both Aboriginal and Torres Strait Islander <input type="radio"/> None of the above	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both Aboriginal and Torres Strait Islander <input type="radio"/> None of the above	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both Aboriginal and Torres Strait Islander <input type="radio"/> None of the above
<b>Country of Birth</b>			

**Parents and Carers in the household**

<b>If born outside of Australia, in which year did you arrive? (i.e. 1998)</b>			
<b>When you finished school or further study, what level of education did you reach?</b>	<input type="radio"/> Year 9 or below <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Certificate I to IV <input type="radio"/> Trade Qualification <input type="radio"/> Diploma <input type="radio"/> Degree or higher <input type="radio"/> Decline to answer	<input type="radio"/> Year 9 or below <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Certificate I to IV <input type="radio"/> Trade Qualification <input type="radio"/> Diploma <input type="radio"/> Degree or higher <input type="radio"/> Decline to answer	<input type="radio"/> Year 9 or below <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Certificate I to IV <input type="radio"/> Trade Qualification <input type="radio"/> Diploma <input type="radio"/> Degree or higher <input type="radio"/> Decline to answer
<b>Is your qualification recognised in Australia?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<b>When <u>speaking</u> English, how would you best describe your skill?</b>	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer
<b>When <u>reading / writing</u> English, how would you best describe your skill?</b>	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer	<input type="radio"/> Very fluent <input type="radio"/> Fluent <input type="radio"/> Not very fluent <input type="radio"/> Not at all <input type="radio"/> Decline to answer
<b>Are you in <u>paid</u> employment at the moment?</b>	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual <input type="radio"/> Shift work <input type="radio"/> Not employed <input type="radio"/> Decline to answer	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual <input type="radio"/> Shift work <input type="radio"/> Not employed <input type="radio"/> Decline to answer	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual <input type="radio"/> Shift work <input type="radio"/> Not employed <input type="radio"/> Decline to answer
<b>If you are in <u>paid</u> employment, in which field do you work?</b>			
<b>Are you studying at the moment?</b>	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Short-course <input type="radio"/> Not studying <input type="radio"/> Decline to answer	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Short-course <input type="radio"/> Not studying <input type="radio"/> Decline to answer	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Short-course <input type="radio"/> Not studying <input type="radio"/> Decline to answer

## HIPPY Journey Questionnaire

**HIPPY is a journey!**  
**As you do HIPPY at your place, we are interested in getting to know about you and your child's HIPPY journey and what you would like to achieve from doing HIPPY**

**Who is doing HIPPY with the child? Tick only one box.**

- |                                   |                                   |                                    |                                   |                                   |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Mother      | <input type="radio"/> Father      | <input type="radio"/> Both Parents | <input type="radio"/> Step Mother | <input type="radio"/> Step Father |
| <input type="radio"/> Grandmother | <input type="radio"/> Grandfather | <input type="radio"/> Sister       | <input type="radio"/> Brother     |                                   |
| <input type="radio"/> Auntie      | <input type="radio"/> Uncle       | <input type="radio"/> Foster Carer | <input type="radio"/> Other _____ |                                   |

**You'll be invited to join in HIPPY Group Meetings with other families to meet and talk about HIPPY. This includes information about important topics as well as fun things for families to do. Additionally, your HIPPY Tutor will come to visit you regularly at home or somewhere you feel comfortable to practice the HIPPY activities.**

**When are you available for Group Meetings and Home Visits?**

		Monday	Tuesday	Wednesday	Thursday	Friday
Group Meetings	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Visits	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What do you want to achieve by doing HIPPY for your child and/or yourself? Tick all boxes that apply.**

Help my child to:	Help me to:
<input type="checkbox"/> Improve their focus or concentration <input type="checkbox"/> Follow instructions <input type="checkbox"/> Learn about colours and shapes <input type="checkbox"/> Learn about letters and numbers <input type="checkbox"/> Enjoy learning <input type="checkbox"/> Practice listening to others <input type="checkbox"/> Practice talking with others <input type="checkbox"/> Practice sharing with others <input type="checkbox"/> Practice socialising with others <input type="checkbox"/> Develop confidence <input type="checkbox"/> Get ready for school <input type="checkbox"/> Learn through making, e.g. cutting, drawing <input type="checkbox"/> Learn through doing, e.g. dancing, singing <input type="checkbox"/> Other _____	<input type="checkbox"/> Spend more quality time with my child <input type="checkbox"/> Improve my confidence and skills for future employment <input type="checkbox"/> Learn more about becoming my child's first teacher <input type="checkbox"/> Increase my confidence so I can speak with the teachers at the school <input type="checkbox"/> Make friends/connections with people in my neighbourhood or community <input type="checkbox"/> Learn more about services in this community <input type="checkbox"/> Other _____

**Do you have any of the following items at home? Tick all boxes that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Books                  | <input type="checkbox"/> Bath/water play items |
| <input type="checkbox"/> Puzzles                | <input type="checkbox"/> Outside toys          |
| <input type="checkbox"/> Electronic games       | <input type="checkbox"/> Craft materials       |
| <input type="checkbox"/> Paper for drawing      | <input type="checkbox"/> Building blocks       |
| <input type="checkbox"/> Crayons/pencils/paints | <input type="checkbox"/> Computer/laptop       |

**During the past week, how many days did you read to your child? Tick only one box.**

- None       1–2 days       3–4 days       5–7 days       More than once a day

**During the past week, did anyone else read to your child?**

- Yes       No

**If Yes, on how many days? Tick only one box.**

- None       1–2 days       3–4 days       5–7 days       More than once a day

**During the past week, did you do any of the following things with your child? Tick all boxes that apply.**

- Play a game with everyday items
- Play educational computer games
- Spend time with extended family
- Share your first language
- Share about your culture/pass down stories
- Practice counting, alphabet, colours, shapes etc
- Outdoor activities
- Watch educational TV programs

**How do you feel about using digital technology (including computers, tablets, mobile phones, internet, social media) both for yourself and to help teach your child? Tick only one box.**

- Not at all       A little       Capable       Confident       Very confident

**Which word best describes how you feel about your child going to school next year? Tick only one box.**

- Excited       Reasonably happy       Nervous  
 Relieved       Sad       Unsure

**OFFICE USE ONLY**

Year starting HIPYPY:    Case No.:        Date entered into ETO:

Name of Tutor:

Privacy Collection Notice provided to Parent/Carer

Acknowledgement scanned and uploaded onto ETO

Tutor Caseload updated on ETO

Coordinator note: The ETO Program Start Date is the date on which the acknowledgement form is signed by the HIPYPY Parent/Carer

# Acknowledgement

## Privacy

HIPPY is provided in Australia by the Brotherhood of St Laurence (ABN 24 603 467 024), either directly to you or by its Program Providers.

The Brotherhood of St Laurence and its Program Providers is committed to protecting your privacy. The Brotherhood of St Laurence and its Program Providers understand that you value your privacy and wish to have your personal information kept secure.

In order to provide HIPPY to you, the Brotherhood of St Laurence and its Program Provider will be required to collect 'sensitive information' (as that term is defined in the Privacy Act 1988 (Cth)) about you and the children under your care, which may include information about you or your family's health, racial or ethnic origin, religious beliefs or criminal record.

We also collect and record details of our interactions with your family, including any contact we have with your family in person (such as HIPPY Tutor home visits), by email, online or on the telephone. In some cases, but only with your consent, we may take images (photos or video) of your family.

The Brotherhood of St Laurence and its Program Providers handle your personal information in accordance with their respective Privacy Policies and Privacy Collection Notices, which set out how they collect and deal with your personal information. The Brotherhood of St Laurence's Privacy Policy and Respecting your Privacy: HIPPY Australia Collection Notice which can be accessed via [www.hippyaustralia.org.au](http://www.hippyaustralia.org.au). If HIPPY is provided to you through a Program Provider, that Program Provider's Privacy Policy and Privacy Collection Notice is available on request from the Program Provider.

By signing below and confirming your enrolment in HIPPY, you are confirming your acceptance of the Brotherhood of St Laurence and its Program Provider's Privacy Policies and Privacy Collection Notices and you consent to the Brotherhood of St Laurence and its Program Provider collecting sensitive information about you and the children under your care while you are enrolled in HIPPY.

**Signature of Parent/Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Evaluation of the HIPPY Australia program

Evaluating the ways that HIPPY is supporting children and their families is important. From time to time, research projects take place to do just that. Having HIPPY families participate is an important part of having evaluation research be successful, so that we can continue to develop and improve the program. Your participation in an evaluation or study of HIPPY is completely voluntary, and does not affect your program participation in HIPPY with your child.

Could you please indicate below if you are willing to be contacted by one of the researchers to discuss participation in an evaluation of HIPPY in the future?

- Yes**, I am happy to be contacted by a researcher to discuss participation in an evaluation of HIPPY In the future?  
I prefer to be contacted by: phone  email
- No**, I do not wish to be contacted by a researcher to discuss my participation in an evaluation of HIPPY

**Signature of Parent/Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of HIPPY Child:** \_\_\_\_\_

**Name of Parent/Carer:** \_\_\_\_\_

**Coordinator:** \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Signature)