Waagay Biliinyjarl
P: 0466 060 931
E: Waagay.biliinyjarl@gmail.com

WILD WONDERS REFERRAL FORM
AFTER-SCHOOL PROGRAM

(SAY) Safe Aboriginal Program

Referring Organisation/Worker Details

Organisation Name	
Referrer's Name	
Phone	
Email	

Participant Details

Full Name	
Date of Birth	
Gender	
Aboriginal and/or Torres Strait Islander	☐ Yes ☐ No
Address	
Parent/Guardian Name (if under 18)	
Contact Number	
Email	

Program Options

(Please tick one)

☐ Slither Buddies – Reptile World	☐ Splash Buddies – Wildlife Sanctuary
Ages: 14 - 18 years	Ages: 10 – 13 years
Day: Tuesdays	Day: Fridays
Start Date: 28th October 2025	Start Date: 31st October 2025
Time: 4:00 pm	Time: 4:00 PM
☐ Photography and Digital Workshop	
Ages: 9years +	
Day: Thursdays	
Start Date: 30th October 2025	
Time: 4:00 pm	

Transport Requirement

☐ Transport required	☐ Transport not required

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Support Needs / Additional Information

Please list any medical, behavioural, or other support needs:

Dietary Requirements

Please include any allergies, intolerances, or restrictions:

Emergency Contact Details

Name	
Relationship to Participant	
Phone	

Consent

I give permission for the above participant to engage in the Wild Wonders program and to travel with staff if transport is required.	
Parent/Guardian Signature:	Date:

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Photo/Video Permission
I give permission for photos and/or videos of the above participant to be taken during the program. These may be used for program reporting, promotional material, or community updates.
☐ Yes – I consent to photo/video use
☐ No – I do not consent to photo/video use
Parent/Guardian Signature: _____
Date: _____