



2017 Membership Information and Declaration Form

Ethnic School Authority

Name of Incorporated Body:

..... ABN:

Ethnic School Name:

..... Ethnic School Number: **E**.....

School Principal

Title: Given Name: Surname:

Address:

Postcode: Tel: Mobile:

Email:

Contact Person for School Affairs

Title: Given Name: Surname:

Address:

Postcode: Tel: Mobile:

Email:

Members of the School Management Committee

<u>Name</u>	<u>Position</u>
1)
2)
3)
4)
5)
6)

Office Bearers of Ethnic School Authority (*Incorporated Association*)

<u>Name</u>	<u>Position</u>
1)
2)
3)

School Location Details

Location where classes are held (name of venue and address)	Day and time of classes	Year Levels	Language(s) taught	Number of Students

If there are more than 2 schools, please attach details to this form.

Public Liability Insurance

For 2017 do you require Public Liability Insurance (\$20 million cover) through ESASA? **Yes** **No**
If no, please ensure ESASA has a copy of your most recent Certificate of Currency.

Ethnic Schools Authority Governance

Please attach a copy of your Ethnic School Authority's Constitution and Certificate of Incorporation of an Association. *This is a one time request to enable ESASA to ensure that our database documents are current.*

Disclosure of Contact Information for School Affairs

Do you give permission for ESASA to provide the email address and mobile/telephone number of the "Contact Person for School Affairs" as required to the general public for school enquiries?
 This may include displaying the Contact Person for School Affairs email address on the ESASA website
 Please tick one box only: **We authorise** **We DO NOT authorise**

Declaration by Ethnic School Authority

I, certify that the information provided on this form is accurate and correct. The completion of this form indicates that my ethnic school authority wishes to affiliate as a member of The Ethnic Schools Association of South Australia Inc. (ESASA) for the 2017 calendar year. I understand that my ethnic school authority will be invoiced for membership fees and that our membership will be confirmed after payment has been effected. I understand that membership of ESASA requires my school to abide by the constitution and policies of The Ethnic Schools Association of South Australia Inc. as amended from time to time. I also understand that information provided by me in this declaration form may be shared by ESASA for administrative, funding and legislative compliance purposes with the Government of South Australia and other relevant bodies.

Signed	Date
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Privacy Policy Statement

"Personal information collected by The Ethnic Schools Association of South Australia Inc ("the Association") is for the primary purpose of membership requirements and for interaction with the Government of South Australia who provide funding to ethnic schools. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act. The contact information of Ethnic School Authority's will be shared publicly only when the express permission is given to the Association to do so."