|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Enrichment Program Application Form** | | | |
| First Name: | |  | |
| Last Name: | |  | |
| Contact Phone Number: | |  | |
| Email Address: | |  | |
| Names and Ages of Children: | | Name: | Age: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Marital Status: | |  | |
| Please specify the type of work that you would like help with: | | * Helping with children * Entertaining children * Helping with homework/tutoring * Light house hold work (incl. folding laundry, sweeping, basic tidying/ organizing * Other – please specify: | |
| How many hours per week would you help? | |  | |
| Please specify which days and times work well for you. | Day:  1.  2.  3. | Time:  1.  2.  3. | |

**Terms and Conditions:**

* I understand that I may only delegate the pre-arranged services, agreed upon by both the student and I.
* I understand that the student may help me with general ‘house work’. And I will ensure that the clear boundaries and limits are adhered to, to prevent the student from having to carry out any sort of demeaning or seemingly insurmountable tasks or chores.
* I understand the relevant laws of Yichud and will ensure that the student is not left alone with a boy aged nine and older.
* I understand that I must pay the student the pre-arranged amount that I am responsible for on the day that she volunteers.
* I understand that if the student finishes volunteering after nightfall, she should be driven home.
* I understand that the mother of the house should always be present whilst the student is there, unless previously arranged.
* I understand that the program covers four hours per week, and if I require more than that it is to be arranged privately with the student and paid fully.
* I understand that this is a six-week trial program, and that at the end of the 6 weeks either the student or I am entitled to discontinue.
* I understand that I am participating in a Pilot Program, certain details may be subject to change, but I will be informed of any relevant updates necessary.
* I have included the $18 sign up fee. The $18 sign up fee is non refundable.

Please make a direct debit to Merkos Women:

**Bank Name:**                                       ANZ Bank Limited

**Bank Address:**                                   254 Queen Street, Melbourne, VIC, 3000, Australia

**Account Holder’s Name:**              Merkos Women Inc

**Account Holder’s Address:**          72 River Street, South Yarra, VIC, 3141, Australia

**BSB:**                                                       013606

**Account Number:**                            1975-80255

**Swift Code:**                                        ANZBAU3M

**Bank Statement Reference:**     Please include your name as the bank statement reference, so that we can correctly identify your payment.

If you have any enquires or concerns please don’t hesitate to contact us at [info@merkos.com.au](mailto:info@merkos.com.au)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_