

Step
1

Complete your service's contact details and sign the agreement. This form can be used to renew your SunSmart membership.

Childcare Service Contact Details

Name of service: _____

Type: Childcare Service Family Day Care Other: _____

Care type (e.g. long day care, preschools): _____

Management type (community, council, private, corporate): _____

Contact name: _____ Position: _____

Preferred day/time to contact: _____ Preferred method of contact: _____

Address: _____ Postcode: _____

Phone: _____ Fax: _____ Hours of operation: _____

Email: _____

Postal address (if different): _____

Management name (if different to service): _____

Management contact name: _____ Phone: _____

Number of children service is licensed for / number of children in care: _____

Does your service have children under 12 months: Yes No Excursion: Yes No

IMPORTANT INFORMATION: Does your service display a 60 cm x 90 cm 'We are SunSmart' metal sign? If not or you would like to order a replacement, members can purchase it for \$75 (incl. GST) to cover the cost of the SunSmart sign then an invoice will be posted to you.

Agreement

We agree to partner with Cancer Council NT to increase skin cancer awareness and to implement the final approved sun protection policy. We will review our policy every 3 years to maintain our SunSmart membership.

Supervisor name: _____

Signature: _____ Date: _____

Please tick ONE of the options below:

We are using our own policy (attached) OR We are using Cancer Council's sun protection policy (attached)

Please note: Your service details will remain confidential and will only be used to provide information and resources to support the development and implementation of the SunSmart Program and no identifying information will be used for statistical purposes. If you wish to discuss the storage and use of your details, please contact Cancer Council NT.

Please email or post this completed form and sun protection plan to:
e: healthpromotion@cancernt.org.au SunSmart infoline: (08) 8944 1807
SunSmart Program Cancer Council NT PO Box 42719 Casuarina NT 0811