



10/10 Project 2019 Registration Form



**Belconnen
Community
Service**

Applicant Details

Full Name			
Address			
		Post Code	
Home Phone		Mobile	
Work Phone		Email	

Project Eligibility

In the event that we receive more than 10 nominations for the 10/10 Project, the following questions will be used to assist us in determining the successful nominations for the project.

Please tick the question that you feel best represents your current circumstances.	<input type="checkbox"/> Are you at risk of homelessness/eviction due to the current condition of your yard/gardens?
	<input type="checkbox"/> Does the current condition of your yard/gardens present a high fire risk as we move in to bush fire season?
	<input type="checkbox"/> Do physical limitations prevent you from maintaining your yard/gardens?
	<input type="checkbox"/> Does the current condition of your yard prevent your children from playing outside?
	<input type="checkbox"/> Other circumstances (Please add comments below).

Comments:

Project Activities

The following is a list of activities we are able to undertake with the BCS 10/10 Project.

Please tick the tasks you require assistance with to maintain your yard/garden.	<input type="checkbox"/> Mowing <input type="checkbox"/> Weeding <input type="checkbox"/> Planting <input type="checkbox"/> Mulching <input type="checkbox"/> Pruning <input type="checkbox"/> Light rubbish removal	<input type="checkbox"/> Sweeping <input type="checkbox"/> Green waste removal <input type="checkbox"/> Window cleaning (single storey only) <input type="checkbox"/> Gutters cleaned (single storey only)
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PLEASE NOTE: All volunteers involved in the support of the 10/10 Project and the activities listed above are not professional gardeners and are volunteering their time for this project. Reasonable care will be taken in the provision of all gardening maintenance connected to this project.

Your Availability

*Date of 10/10 Project is **Friday October 18th**.*

Morning 8:00am – 12:00pm

Afternoon 1:00pm – 5:00pm

Is there a particular time you are available	From	<input type="checkbox"/> am; <input type="checkbox"/> pm	To	<input type="checkbox"/> am; <input type="checkbox"/> pm
Additional comments				

Additional Information

Would you be interested in talking to the media about your involvement in the 10/10 Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you allow us to take before and after photos to be used for promotion of the 10/10 Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you allow us to take video recordings of our teams in action at your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be interested in joining us on the day for a 10/10 Project event lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be interested in providing post event feedback about your involvement in the 10/10 Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in receiving regular information updates about BCS services and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above, would you prefer email or posted information?	<input type="checkbox"/> Email	<input type="checkbox"/> Post

My Ideal Yard

Our 10/10 Project Team would like to know what your ideal yard would look like. Please use the space below to give us an indication of what you would like done on the day to achieve your ideal yard/garden.

PLEASE NOTE: All information provided by you in this registration form will be used solely for the purpose of assessing your nomination for the 10/10 Project.

If you have indicated an interest in receiving information updates from Belconnen Community Service, your details will be added to our confidential mailing lists.

To return your registration form to BCS, you can do the following:

POST: P.O. Box 679 Belconnen ACT 2616

EMAIL: bcs@bcsact.com.au

BY HAND: Deliver to the reception team at the Belconnen Community Centre, Swanson Court Belconnen or return via your BCS worker.

Registrations for the BCS 10/10 Project close **Friday September 27th**.

Declaration

I am applying to register my yard/gardens for the Belconnen Community Service Inc. (BCS) 10/10 Project:

- *The information provided in this registration form is true and correct*
- *I understand that completion of this registration form does not guarantee inclusion in the 10/10 Project*
- *I understand that I will be contacted by the 10/10 Project team who will undertake a visual inspection of my property as part of the assessment process for the 10/10 Project.*
- *I agree to be present at the arranged time for this visual inspection.*
- *I agree to be present when the Project Team is working at my home on Friday October 18th.*
- *I will secure any pets for the duration of the time that the Project Team is at my home*

Full Name			
Signature		Date	