

Please complete all required details on this enrolment form which will be used to enroll you in the course you wish to undertake. You are required to provide a copy of Photo ID with this application. For correspondence learners, please have your ID endorsed with the words 'This is a true likeness of the person named on the ID' with the referee's name and signature included.

## Section 1 – Your details

<b>Course Code &amp; Name</b>			
<p><b>NOTE for Early Childhood qualifications</b> - Does the service in which you will be undertaking practical work hours provide care for babies and toddlers between the ages of 0-2? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If no, please specify the age range at your service</b> _____</p> <p>You must show evidence of the ability to complete tasks outlined in the elements and performance criteria of the core unit <u>CHCECE005 - Provide care for babies and toddlers</u>. This includes providing care to at least 3 different babies or toddlers of varying ages from birth to 24 months. If your Early Childhood service does not provide care for babies and toddlers between 0-2, you must complete this practical assessment at another cooperative service during the period of your training to obtain competency in this unit. For more information, please speak to a METS training representative.</p>			
Given Name		Middle Name(s)	
Family Name		Date of Birth	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Indeterminate/intersex/unspecified) <input type="checkbox"/>
Residential Address: No. and Street name			
Suburb and Postcode			
Postal Address (if different from above)			
Mobile			
Email			
Preferred method of contact from METS	Email <input type="checkbox"/>	Mobile <input type="checkbox"/>	Mail <input type="checkbox"/>
<b>Have you previously enrolled with METS under a different surname?</b>			
<input type="checkbox"/> Yes (if yes please specify): _____ <input type="checkbox"/> No			
Citizenship Status	Australian Citizen <input type="checkbox"/>	Australian Permanent Resident <input type="checkbox"/>	
	Humanitarian Visa <input type="checkbox"/>	New Zealand Citizen <input type="checkbox"/>	
	Temporary Visa holder <input type="checkbox"/>	_____ (number)	
Indigenous Status	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/>
	Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/>		
Country of Birth	Australia <input type="checkbox"/>	Other (Please specify):	
Town or City of Birth			

Language spoken at home	English <input type="checkbox"/>	Other <input type="checkbox"/> (please specify):
How well do you speak English?	Very well <input type="checkbox"/>	Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>
What is your highest COMPLETED school level <b>and</b> specify the year you completed that level?	<input type="checkbox"/> Year 12 or equivalent _____ <input type="checkbox"/> Year 11 or equivalent _____ <input type="checkbox"/> Year 10 or equivalent _____	<input type="checkbox"/> Year 9 or equivalent _____ <input type="checkbox"/> Year 8 or equivalent _____ <input type="checkbox"/> Did not go to school
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <b>completed</b> any qualifications since turning 17?	<input type="checkbox"/> Yes , while still at school <input type="checkbox"/> Yes, after leaving school <input type="checkbox"/> No	
Highest level qualification achieved <b>and</b> the year you completed that qualification?	<input type="checkbox"/> Advanced Diploma _____ <input type="checkbox"/> Bachelor Degree _____ <input type="checkbox"/> Diploma level _____ <input type="checkbox"/> Miscellaneous _____	<input type="checkbox"/> Certificate IV _____ <input type="checkbox"/> Certificate III _____ <input type="checkbox"/> Certificate II _____ <input type="checkbox"/> Certificate I _____
<b>Do you hold the unit HLTAID004 - Provide an emergency first aid response in an education and care setting (applicable to CHC qualifications only)?</b>		
<input type="checkbox"/> Yes (if yes please specify what year you achieved it ): Year achieved: _____ <input type="checkbox"/> No I want METS to arrange for me to do this unit <input type="checkbox"/> No, my employer will arrange for me to do this unit and I will send METS the certificate <input type="checkbox"/> Not applicable to the qualification I am enrolling in		
Do you wish to apply for RPL or Credit Transfer?	<input type="checkbox"/> Yes (if yes please supply METS with copies of your previous certificates or discuss RPL options with the METS Representative) <input type="checkbox"/> No	
Do you have a Disability?	<input type="checkbox"/> Yes (if yes please tick <u>all</u> applicable box/s below) <input type="checkbox"/> No	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Mental Illness <input type="checkbox"/> Unspecified <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify): _____		
If you answered yes to having a disability, what additional support may you require from METS to assist you to undertake this course? _____		
Are you in receipt of a Disability Support Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been assessed by a specialist health professional as a student with a Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a dependent child or spouse of a person in receipt of a Disability Support Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in receipt of an eligible welfare payment from Centrelink? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a dependent child or spouse of a person in receipt of an eligible welfare payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Dependent child of a Beneficiary (excluding the Disability Support Pension)		
<input type="checkbox"/> Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension)		

If you have ticked yes to Welfare payments, please choose from one of the following payment types:

I am currently receiving or am a dependent of a person receiving the following entitlements:

- |  |  |
|--|--|
| <input type="checkbox"/> Age Pension   | <input type="checkbox"/> Sickness Allowance                  |
| <input type="checkbox"/> Austudy   | <input type="checkbox"/> Special Benefit                     |
| <input type="checkbox"/> Carer Payment                                       | <input type="checkbox"/> Veterans' Affairs Payments          |
| <input type="checkbox"/> Disability Support Pension                          | <input type="checkbox"/> Veterans' Children Education Scheme |
| <input type="checkbox"/> Exceptional Circumstances Relief Payment            | <input type="checkbox"/> Widow Allowance                     |
| <input type="checkbox"/> Family Tax Benefit Part A (maximum rate)            | <input type="checkbox"/> Widow Pension                       |
| <input type="checkbox"/> Farm Household Allowance                            | <input type="checkbox"/> Widow 'B' Pension                   |
| <input type="checkbox"/> Newstart Allowance* (not eligible for traineeships) | <input type="checkbox"/> Wife Pension                        |
| <input type="checkbox"/> Parenting Payment (Single)                          | <input type="checkbox"/> Youth Allowance                     |

**Evidence that Centrelink accepts the child/spouse/partner as a dependent must be sighted. A concession or exemption of the student fee will be determined based on this information. If your circumstances change after enrolment, this will not change your fees. Acceptable proof of concession eligibility includes:**

- A letter from Centrelink confirming receipt of the benefit clearly showing your Centrelink Reference Number. (CRN)
- A current Centrelink Income Statement that clearly shows the benefit or allowance category and the CRN)
- A current concession card showing the CRN (PPS only)
- Evidence that Centrelink accepts you as the dependent child, spouse of partner of a beneficiary receiving a benefit or allowance

**Fee – free Scholarship**

Students commencing training from 1 July 2015 may be eligible for a Fee-free scholarship if you currently live in or are on the wait list for Social Housing and from February 2016 if you are 15-17 years and currently in out-of-home-care or aged 18-30 and have previously been in out-of-home-care, and your training commences after 1 January 2016. To be eligible for a Fee-free scholarship, individuals must first meet the Smart & Skilled personal and program eligibility rules. In addition, individuals must be:

- Aged between 15 and 30 (inclusive) at the start date for training
- Eligible for a concession fee (i.e. either a Commonwealth welfare recipient or a student with a disability undertaking a second qualification in a calendar year)

Individuals are eligible for one scholarship per financial year (commencing 1 July 2015) and a maximum of two scholarships over four financial years (ending 30 June 2019)

Are you a tenant of or on the waiting list for NSW social housing\*?  Yes  No

Do you currently live in supported or statutory out-of-home-care?  Yes  No

Have you previously lived in supported or statutory out-of-home-care?  Yes  No

For information on NSW Social Housing and Statutory or Supported Out-of-Home-Care, please visit [www.smartandskilled.nsw.gov.au/for-students/fee-free-scholarships](http://www.smartandskilled.nsw.gov.au/for-students/fee-free-scholarships) or ask our METS representative for an information flyer.

Are you a client of an Employment Service Provider? No  Yes  If yes please indicate below:

Employment Service Provider Organisation/ID \_\_\_\_\_

Employment Service Provider Client ID \_\_\_\_\_

Have you been referred to this training by an Employment Service Provider client? Yes  No

If yes, Employment Service Provider referral ID \_\_\_\_\_

Employment Service Provider letter of confirmation of Long term Unemployed (over 12 Months) to be provided.

Of the following categories, which BEST describes your current employment status?

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed (unpaid worker in a family business)
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed (not employing others)	<input type="checkbox"/> Unemployed – not seeking employment

If you are employed, please state your employer business name and supervisor contact:

Business Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Of the following categories, which BEST describes your main reason for undertaking this course/qualification? (Tick ONE box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For self-development
<input type="checkbox"/> Other reasons	

How did you hear about METS?

<input type="checkbox"/> A colleague, friend or employer	<input type="checkbox"/> I have previously studied with METS
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Expo or Conference
<input type="checkbox"/> Internet / Search engine	<input type="checkbox"/> Other _____

**SECTION 2 – Unique Student Identifier (USI)****Privacy Notice and Consent for application or verification of a Unique Student Identifier**

In accordance with the Privacy Act 1988, Student Identifiers Act 2014 and the Student Identifiers Registrar's Privacy Policy

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

is collected by the Student Identifiers Registrar for the purposes of:

- applying for, verifying and giving a USI;
- resolving problems with a USI; and
- creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs; education related policy and research purposes; and to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

Please refer to the [Student Identifiers Registrar's Privacy Policy](#)

(<http://www.usi.gov.au/Students/Pages/student-privacy.aspx>) for information about how you may:

- access and seek correction of the personal information held about you; and
- complain about a breach of privacy and how such complaints will be dealt with.

Do you have a Unique Student Identifier?

Yes  (Please provide) \_\_\_\_\_ No

Please provide **one** of the following documents so that a USI can be created/verified on your behalf.

- Driver's Licence  
  Medicare Card  
  Australian Passport  
  Birth Certificate (Australian)  
 Visa (with Non-Australian Passport for international students)  
  Immi Card  
 Certificate of Registration by Descent  
  Citizenship Certificate

**Student declaration and consent**

I hereby authorise Macquarie Employment Training Service (METS) to create, locate or verify a Unique Student Identifier on my behalf using the details and documentation provided by me.

I have been advised that I will receive a notice regarding METS use of the function to confirm my USI and that the RTO name in the notice may be different to the name I am familiar with. Note: METS legal business name is Macquarie Employment Training Service Inc.

I declare that I have read and understood the information provided to me on this form and all details provided by me for the purposes of obtaining, locating or verifying a Unique Student Identifier are true and correct. I declare that I will set my access controls in relation to my USI to allow the Department of Industry and METS the appropriate levels of access to my USI.

I understand that if all information requested is not provided, or is inaccurate, it may affect the Student Identifiers Registrar's ability to provide me with or verify my USI.

Student Signature		Date
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**SECTION 3 – Funding arrangements**

Are you enrolling in this qualification/course as a self-funded (Correspondence) learner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered or intending to be registered as a <b>NSW New Entrant trainee</b> for the qualification in which you are enrolling? Yes I am registered <input type="checkbox"/> ; Yes I am intending to be registered <input type="checkbox"/> ; No <input type="checkbox"/>
Do you wish to make an application to determine your eligibility for Subsidised Training under Smart & Skilled*? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please read and complete the following Consent section) *not available for all courses
Have you undertaken any other Smart & Skilled qualifications this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Consent to use and disclosure of personal information to the department & other government agencies**

I \_\_\_\_\_  
 (First) (Middle) (Family Name)

whose personal details appear in Section 1, understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by METS may be disclosed to the Department of Industry (**The Department**).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above. I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with METS for the purposes of evaluating and assessing my subsidised training.

I consent to the information on this form being used by METS to make an inquiry on my behalf to assess my eligibility and the student fee payable for subsidised training under Smart & Skilled.

METS will advise my eligibility and the fee payable by me with an Eligibility Enquiry Report which will be valid for 14 days.

I declare that all the information I have provided on this form is true and correct in every detail including information provided by me about my social housing status.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If under 18 years of age at the time of giving consent, then the consent of your guardian is required.

PRINT FULL NAME OF GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SECTION 4 – Declaration and document verification**

**Student declaration:**

**For students applying for Smart & Skilled subsidised training:**

The Smart & Skilled website & Contact details are:  
<https://smartandskilled.nsw.gov.au/> or Phone 1300 772 104

I have read and signed the consent to the use and disclosure of my personal information to the State Training Authority and other Government Agencies and been given access to information regarding the evidence required to determine program, fee and concession eligibility. (Section 3)

I will be provided with an Eligibility Enquiry Report (if applicable) with advice of the Student Fee payable by me for the qualification I am enrolling in. I understand this fee may be adjusted by the State Training Authority if the information I have given regarding RPL and Credit Transfer changes after training has commenced and that these changes will be advised to me.

**For all students:**

I declare that I have been given access to the following information which is available at [www.mets.org.au](http://www.mets.org.au) :

- METS Learner Handbook which includes:
  - METS Grievance & Complaints procedures & policies
  - METS Fee Administration and Refund Policy
  - METS Privacy Policy
  - VET Complaints Handling Agencies
- I have read and been provided with the NCVET Privacy Notice.
- I have been informed about the learning, assessment and support services to be provided and I will be advised of any fees and costs that may relate to the course in which I am enrolling.
- I declare that all the information I have provided on this form is true and correct in every detail.

Student Signature	
Today's Date	

**Submitting this form online?**

Please save to your computer by clicking “Save As” and attach to an email addressed to:  
[enrolments@mets.org.au](mailto:enrolments@mets.org.au).

Alternatively print the completed form and post to: **PO BOX 346 Plumpton NSW 2761**



Document Checklist

	Document	Sighted/Verified by	Date
<input type="checkbox"/>	Identity – USI (verified) or required documents to create a USI. (see pages 5-6)		
<input type="checkbox"/>	Photo ID- Drivers Licence, Learner's Permit, Photo Card, Passport		
<input type="checkbox"/>	Citizenship (Australian Birth Certificate, Passport, Certificate of Evidence of Resident Status (CERS) or Humanitarian Visa) <i>(Copy required)</i>		
<input type="checkbox"/>	Copies of previous Certificates or Statements of Attainment including transcripts, particularly for the unit <b>HLTAID004 Provide an emergency first aid response in an education and care setting</b> <i>(Copy required)</i>		
<input type="checkbox"/>	Centrelink evidence – proof of DSP or other Eligible Benefit <i>(Copy required)</i>		
<input type="checkbox"/>	Employment Service Provider letter <i>(Copy required)</i>		
<input type="checkbox"/>	Out of Home Care evidence (as per requirements)		

Document Checklist (For Existing Worker Traineeships ONLY)

<input type="checkbox"/>	Training Agreement <i>(Copy required)</i>		
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Learner to keep this Privacy Notice

## Privacy Notice

Under the *Data Provision Requirements 2012*, **METS Training Services** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **METS Training Services** for statistical, administrative, regulatory and research purposes. **METS Training Services** may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Instructions to Learners:**

The purpose of this tool is to check if you have the required language, literacy and numeracy skills (core skills) to complete this training course. If you do not meet the required level, METS can provide assistance where possible throughout the course.

Where it is determined that a learner has limited core skills which are beyond the support available within METS, the learner will be referred for dedicated language, literacy and numeracy training such as Foundation Skills through suitable support services. These courses have been designed to provide learners with the opportunity to gain specific skills required in a vocational or work environment, which meet the requirements to gain entry into a range of vocational qualifications.

You can use a calculator, spell check on your computer and/or a dictionary to complete these questions.

**LLN Indicator Tool Cover Sheet:**

**Learner to complete:**

Full Name:		Date	
<p><b>Please read the below declarations and if you agree please tick each statement and sign in the space provided.</b></p> <p><input type="checkbox"/> All work completed in this LLN Indicator Tool is my own work.</p> <p><input type="checkbox"/> All answers in this LLN Indicator Tool were written by myself and not by another person.</p> <p>Learner Signature: _____</p>			

**OFFICE USE ONLY**

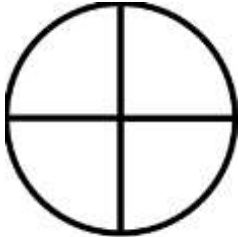
<p><input type="checkbox"/> The learner requires <u>no</u> further LLN support</p> <p><input type="checkbox"/> The learner requires further LLN support (if so list reasons why and ensure the trainer/assessor is aware):</p> <p><b>METS Representative name and signature:</b></p> <p>Name: _____</p> <p>Signature: _____</p>
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**Task 1 - Write an accident report – Please read the text below and fill out the accident report accordingly.**

It is Tuesday 23rd May 2016 and the time is 17:30. Your car registration is ABC431. You are on Hay Street, Perth. The weather is overcast and there is a bit of drizzle. You are driving at about 60km/h when a man steps out in front of you. You swerve to miss him and side swipe the car travelling in the opposite direction. The right side of your car has been scratched and your side mirror has been detached.

You have no injuries and get out and approach the other car, which is a red Holden, and the model is a Commodore with registration number as XAA996. Their front driver's door is dented and scratched. The front tyre has been damaged and the back passenger window has shattered from the impact. The ambulance arrives and the paramedic informs you that the other driver has bruising across the chest and is in shock.

Your Car Registration			
<b>Details of accident</b>			
Location:			
Date:		Time:	am <input type="checkbox"/> pm <input type="checkbox"/>
Est. speed at impact:			
Weather conditions:			
Description of accident:			
Damage to your vehicle:			
Driver injuries:			
<b>Other vehicle details</b>			
Registration no :		Colour:	
Make :		Model :	
Damage:			
Driver injuries:			





<p>Task 2A – Numeracy – please answer the following questions. You may use a calculator if required.</p>	
<p><math>28 + 35 =</math></p>	
<p><math>15 - 11 =</math></p>	
<p><math>48 \div 6 =</math></p>	
<p><math>128 + 55 =</math></p>	
<p><math>87 - 15 =</math></p>	
<p><math>15 \div 3 =</math></p>	
<p>You prepare eight pieces of watermelon for morning tea. Only five pieces were eaten. How many pieces are left?</p>	
<p>Place an X in any 3 quarters within the circle.</p>	
<p>You are preparing a baby bottle which is required to have 180 mls of water. A scoop of formula is required for every 30 mls of water.</p> <p>How many scoops are required?</p>	

Task 2B – Numeracy – Using the dosage chart below write down the dosage amount of medicine you would give each child listed.

Age	Average weight	Dose
1 – 2 years	10 – 12 kg	6 – 8 ml
2 – 3 years	12 – 14 kg	8 – 9 ml
3 – 4 years	14 – 16 kg	9 – 10 ml
4 – 5 years	16 – 18 kg	10 – 11 ml

Child's age and weight	Write the dosage amount
1 years old   10 kg	
2 years old   12kg	
3 years old   14kg	
5 years old   18 kg	

Task 3 – Visual Comprehension – Select the correct meaning of each of the signs below by ticking the relevant box

	<input type="checkbox"/> Ambulance <input type="checkbox"/> Religion <input type="checkbox"/> Police <input type="checkbox"/> First Aid
	<input type="checkbox"/> No one but staff can enter that area <input type="checkbox"/> No pets allowed <input type="checkbox"/> No staff allowed in that area <input type="checkbox"/> Children only allowed in that area
	<input type="checkbox"/> Jumping on the trampoline <input type="checkbox"/> The floor is slippery <input type="checkbox"/> Dance floor ahead <input type="checkbox"/> Gymnastics in progress
	<input type="checkbox"/> Hot water <input type="checkbox"/> Leave tap on after use <input type="checkbox"/> Wash hands <input type="checkbox"/> Clapping