**Feelix** **Teacher Resource**

**Membership form**

Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/education facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Braille required: Contracted Uncontracted Either

Any further information about your student’s vision or interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

Students must be a client of Vision Australia.

Loan period for all kits is two months.

Please return all kit items in good, clean condition. General wear and tear to kits is expected, but please return all items.

Vision Australia Library reserves the right to charge for lost kits.

Feelix kits remain the property of Vision Australia Library and are not to be sold, copied or loaned. Teacher kits are not to be sent home with clients and remain the responsibility of the loaning teacher.

I understand these terms and conditions and agree to return the Feelix kit by the due date indicated.

Parent(s) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please return completed form to:** [FeelixLibrary@visionaustralia.org](mailto:FeelixLibrary@visionaustralia.org) Phone: 1300 654 656