



PYJAMA ANGEL APPLICATION

Prefix _____ Surname _____

Given Names _____

Address _____

Suburb _____ Postcode _____

Contact Home _____ Work _____ Mobile _____

Email _____

Date of Birth _____ Place of Birth _____

Nationality _____

Occupation _____ Position _____

Company _____

Education _____

Languages Spoken _____

How do you know about The Pyjama Foundation _____

Why do you want to be a Pyjama Angel _____

Interests _____

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f +61 7 3256 2278
e admin@thepyjamafoundation.com

ABN 43111196742

level 1 - 7 hudson road albion q 4010 australia





PJA2

Do you have a Blue Card Yes No
If yes provide details (For example, when did you obtain your Blue Card, why do you have one etc)

Do you currently have contact with children Yes No
If yes provide details (eg do you have young children, grandchildren you spend time with or coach a sports team)

Have you or anyone you live with been charged/ convicted of a crime Yes No
If yes provide details

Have you ever been reported to the Child Safety Department? Yes No

Have you ever been involved in domestic violence? Yes No

Please provide the contact details of two referees – One professional and one personal referee (they need to have known you for longer than 2 years and preferably seen you interacting with children).

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Signature _____ Date _____

Staff Only

Type and details of photo of photo identification provided by applicant

Driver's Licence No _____ Passport No _____

18+ Card _____ Seniors Card _____

Suburbs Preferred _____ Transport Mode _____

Other _____ Processed by Name _____ Date _____

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