



Enquiry Form

CHILD'S NAME _____ Address _____ _____	Date of Birth _____ Phone _____ Mobile _____ Email Address _____																				
PARENT/GUARDIAN Name _____ Parent / Guardian Date of Birth _____ Occupation _____ Place of work _____ Phone Number (work) _____	PARENT/GUARDIAN Name _____ Parent / Guardian Date of Birth _____ Occupation _____ Place of work _____ Phone Number (work) _____ Are you a Health Care Card Holder? Yes / No																				
DETAILS OF CARE REQUIRED Expected start date _____ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DAYS REQUIRED</td> <td style="width:10%;">(please circle)</td> <td style="width:12.5%; text-align: center;">Mon</td> <td style="width:12.5%; text-align: center;">Tues</td> <td style="width:12.5%; text-align: center;">Wed</td> <td style="width:12.5%; text-align: center;">Thurs</td> <td style="width:12.5%; text-align: center;">Fri</td> </tr> <tr> <td rowspan="2">Expected arrival and departure times</td> <td style="text-align: center;">Arrive</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Depart</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table> Comments (e.g. preferred days, other children in centre etc;) _____ _____		DAYS REQUIRED	(please circle)	Mon	Tues	Wed	Thurs	Fri	Expected arrival and departure times	Arrive						Depart					
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Expected arrival and departure times	Arrive																				
	Depart																				
PRIORITY OF ACCESS Please tick which priority of access you identify with																					
1. A child at risk of serious abuse or neglect																					
2. A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act (refer to back of application)																					
3. Any other child																					
SUB CATEGORIES OF PRIORITY OF ACCESS Please tick which priority of access you identify with																					
Aboriginal and Torres Strait Islander Family	Non-English speaking background																				
Family with a disabled person	Socially isolated family																				
Family on Lower Income	Single parent																				
PARENT'S SIGNATURE _____	DATE _____																				

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