



**Expression of Interest for Bookings:** I understand that completion of this form is not a guarantee a vacancy will be available. The service will keep this form on record & will contact you once a vacancy comes available that suits your requirements.

Child's Details	
<b>Child's Full Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth</b>	<b>Gender:</b>
<b>Home Address</b>	
<b>Is your child:</b> <input type="checkbox"/> <i>Aboriginal</i> <input type="checkbox"/> <i>Torres Strait Islander</i> <input type="checkbox"/> <i>Neither</i> <input type="checkbox"/> <i>From a culturally or linguistically diverse background</i>	

Date Care is required to start	Days Required	Monday	Tuesday	Wednesday	Thursday	Friday

Priority of Access Guidelines – to help us equitably fill vacancies, please tick the box which applies to your family	
<input type="checkbox"/>	Both parents working, seeking employment
<input type="checkbox"/>	Studying, training, continued disability or incapacity for work
<input type="checkbox"/>	Parents looking for respite care

Parent/Guardian Details	
Primary Parent/Guardian Full Name (as listed to receive <b>CCB</b> )	
Relationship to child:	Does the child live with you? Please circle which applies: <b>Y</b> <b>N</b> Shared (details)
Home Address	Contact numbers: Home _____ Mobile _____ Work _____
Email:	
How did you hear about our Service?: (Please tick)	
Telephone Directory (yellow pages)	<input type="checkbox"/>
Friends (word of mouth)	<input type="checkbox"/>
Internet (website or google)	<input type="checkbox"/>
Local School	<input type="checkbox"/>
Location & Signage	<input type="checkbox"/>
Other:	<input type="checkbox"/>

I wish to apply for a placement for Glen Dhu Children's Services; I understand that the service will contact me upon a suitable placement becoming available. We do ask that you contact us every three months if you wish to remain on the waitlist.

Signed: \_\_\_\_\_ dated: \_\_\_\_/\_\_\_\_/\_\_\_\_