



Wait List application: I understand that completion of this form is not a guarantee a vacancy will be available, but the service will keep it on record & will make contact with you once a vacancy comes available that suits your requirements.

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

Date Care is required to start	Days Required	Monday	Tuesday	Wednesday	Thursday	Friday
	Full day 7.15-6.15					

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 ccb):	
Relationship to child:	Does the child live with you? Pls circle which applies: Y N 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 on the waitlist for Glen Dhu Children's Services, I understand that the service will contact me upon a suitable placement becoming available, but it is the families responsibility to keep contact every three months if you wish to remain on the our waitlist.

Signed: _____ dated: ____/____/____