



WAITING LIST APPLICATION- LDC (PERMANENT PLACES)

The collection of personal information by Integricare is for the purposes of assessing your application for a position at an Integricare service. If the relevant personal information requested in this form is not provided by you, we will be unable to assess your eligibility to access our service or your eligibility for any available childcare assistance support or funding that may be, or become, available.

Child's Family Name: Child's Given (first) Name:

Date of Birth: / / Gender M / F Child's CRN (if known): _____

No. of days required Which days? Mon Tue Wed Thu Fri

Are these days flexible? Yes No When would you like care to commence? ... / /

How did you find out about our Service?

PARENT 1 PARENT 2

Title: Mr Mrs Ms Miss DR Mr Mrs Ms Miss DR

Family Name:

Given Name:

Date of Birth:

Address:

Post Code: Post Code:

Email:

Phone (W):

Phone (H):

Phone (M):

Employment Status: (Please circle) Full /Time Part/Time (Please circle) Full /Time Part/Time
Student Seeking Employment Home Duties Student Seeking Employment Home Duties

Occupation

Place of work/study

Language Spoken at home:

Is an interpreter / translation required for: Written Spoken

Families CRN (if known) : _____

Please indicate which parent will be claiming the CCB payment: Parent 1 or Parent 2

Have tests or reports on the child been done from any of the following services, or is the child currently using any of these services? Please tick:

- | | |
|---|---|
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Vision Check |
| <input type="checkbox"/> Basic Developmental Assessment | <input type="checkbox"/> Hearing check |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Special Play Group |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Using disability allowance |

Please give details and attach copies of reports:

Integricare Children Services comply with the **Australian Government Priority of Access Guidelines**. These guidelines apply to centre-based long day care, and family day care.

The categories are:

Priority 1 - a child at risk of serious abuse or neglect

Priority 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.

Priority 3 - any other child.

Within these main categories priority is also given to the following children:

(Please indicate if any of these categories apply to you)

- Children of Aboriginal or Torres Strait Islander families
- Children in families which include a disabled person
- Children in families of lower incomes
- Children in families with a non- English speaking background
- Children in socially isolated families
- Children of single parents

There are some circumstances in which a child who is already in a child care service may be required to leave the service or change days due to priority of access obligations.

I understand that if I fail to notify the Service of any changes to these details, I may forfeit my child's place on the waiting list.

Parent/ Guardian's Signature: _____ Date: _____

Completed Waiting Lists Forms are to be returned to the service with the Non Refundable Waiting List Administration Fee (if applicable). Once forms and payment are returned the child will be entered on the Waiting List.

**By filling in this form your child's name goes onto a waiting list.
There is no guarantee of placement in the Centre.**

OFFICE USE ONLY

Priority of Access Category: 1 2 3 N/A
Date Application Received:/...../..... Administration Fee Rec. No.
Staff Name.....Staff Signature:..... Date:/...../.....
Entered on Computer Date:/...../.....

Notes: _____

