**APPLICATION FORM**

**CHILD’S DETAILS**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunisation complete for age: YES / NO

**PARENT / GUARDIAN 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 REASON FOR CARE (Please circle)**

i) **Parent 1: 1**- Shift worker **2** -Regular hour’s worker **3**- Studying

 **4**- Respite **5-**Seeking Work

 **Actual Days and Times of work / study** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii) **Parent 2: 1**- Shift Worker **2**- Regular hour’s worker **3**- Studying

 **4**- Respite **5**- Seeking Work

**Actual Days and Times of work / study \_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii) Child with an additional need (brief description) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iv) Parent with an additional need (brief description) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 REQUESTED DAYS & TIMES (Arrival and collection times between 6.45am-5.45pm)**

**Option 1: Full Time:** Monday to Friday from\_\_\_\_\_\_\_\_\_\_ (am) to \_\_\_\_\_\_\_\_\_\_\_ (pm)

**OR**

**Option 2:** If a full time position is unavailable, would youaccept a part time position **Y / N**,

**OR**

**Option 3: Part Time:** Please indicate your preferred days and times, (numbering days in order of priority) the days you work/study.

If you can be flexible and accept any days, please indicate in the comments.

**MON: \_\_\_\_\_\_\_\_\_\_TUE: \_\_\_\_\_\_\_\_\_WED: \_\_\_\_\_\_\_\_\_THUR: \_\_\_\_\_\_\_FRI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Requested date to commence (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Do you have a current application on the CHCCC Wait list? Yes / No

6 Does this child have a sibling currently attending the CHCCC? Yes / No

**PLEASE NOTE:**

* Positions are offered according to the following priority groups: Hospital employees (particularly early start shift workers and breast feeding mothers), children with complex additional needs, and children at risk.
* To remain on the Wait List you are required to telephone or email at least every 3 MONTHS to keep your application active and to update any changes. As positions become available, applicants that match the availability will be contacted and offered a position.
* Failure to confirm your child’s application on the Wait List 3 monthly will result in your application being removed.
* Children are only offered a position if they are fully immunised for their age.

***I understand & accept the terms of the CHCCC Wait List.***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY:** **POSITION OFFERED**: Yes/No Date of Notification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days and Times: M \_\_\_\_\_\_\_\_\_\_\_ T\_ \_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_ Th \_\_\_\_\_\_\_\_\_ F \_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTED: Yes / No Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting List – Dates Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_