

CHILDREN'S HOSPITAL CHILD CARE CENTRE

**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) \_\_\_\_\_  
\_\_\_\_\_

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**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 you accept 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: \_\_\_\_\_