



FIT KIDZ FOUNDATION EXPRESSION OF INTEREST FORM

| CHILD DETAILS | | | |
|--|---|-----------------------|---------------------|
| First name: | | Last Name: | |
| Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Year Starting School: | |
| Child's Diagnosis: | | | |
| Date Diagnosed: | | | |
| Name of Person/Service who diagnosed: | | | |
| Profession of person/service who diagnosed (e.g. Paediatrician/Psychologist): | | | |
| * Please attach all assessment reports and funding details* | | | |
| REFERRAL INFORMATION (who recommended The Foundation Centre to you?) | | | |
| Date of Referral: | | | |
| Name of Person Referring: | | | |
| Contact Details: | | | |
| Name/Type of Service (if appropriate): | | | |
| TYPE OF SERVICE REQUESTING | | | |
| Group Early Intervention Program | | | |
| <i>The Group Early Intervention Program runs from 8:30 am – 12:30 pm, Monday through to Friday, and we offer 2 or 3 day places. Please indicate preference of days by ticking the appropriate boxes.</i> | | | |
| <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri | | | |
| Are you prepared to accept any available days? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Specific Therapy (TBA) | | | |
| <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Psychology – Behaviour Support | | | |
| OTHER SERVICES CURRENTLY ACCESSING (e.g. Therapy, Childcare, Family Services) | | | |
| Name of Service | Contact Person | Contact Details | Days/Time Attending |
| | | | |
| | | | |
| | | | |
| | | | |
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PARENT/GUARDIAN DETAILS

| Parent/Guardian One | | Parent/Guardian Two | |
|---------------------|----|---------------------|----|
| Name: | | Name: | |
| Address: | | Address: | |
| Telephone H: | | Telephone H: | |
| W: | M: | W: | M: |
| Email: | | Email: | |

PRIORITY OF ACCESS INFORMATION

According to the law, Fit Kidz Foundation Centre is obligated to follow the "Priority of Access" guidelines set down by the Commonwealth Government (FaHCSIA). These guidelines state that access to places at the centre must by law be offered as follows:

Priority 1: child at risk

Priority 2: Sole parent or two parents working, seeking work or training

Priority 3: parent at home with children under school age

As a result, we need to ask for the child and employment information (below) in order to ascertain priority of access.

Child Information (please tick where appropriate)

- Aboriginal or Torres Strait Islander Family
 Department of Family & Community Services Involvement

if yes, please provide contact details of case manager _____

- Another person with a disability in the family
 Low Income Family
 Single Parent Family
 Housing Difficulties

Cultural Background: _____

| Parent/Guardian One | | Parent/Guardian Two | |
|---|---|---|---|
| Are you currently: | | Are you currently: | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Working | <input type="checkbox"/> Seeking Employment |
| <input type="checkbox"/> Studying | <input type="checkbox"/> Home Duties | <input type="checkbox"/> Studying | <input type="checkbox"/> Home Duties |
| Days of Work/Study: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr | | Days of Work/Study: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr | |

For more information about the Family Assistance Office, "Priority of Access" or Child Care Benefit, please call



FAO on 13 61 50 or visit their website at www.familyassist.gov.au

PLEASE READ AND SIGN THE STATEMENT BELOW

I understand that by completing this section I give permission for Fit Kidz Foundation to contact/collaborate with the other services outlined above.

I understand that by completing this section places my child on the waiting list for the Fit Kidz Foundation Centre. When a position becomes available, they are assessed according to the "priority of access" guidelines, then offered to the next child on the waiting list. Unfortunately, being on the waiting list does not necessarily guarantee my child a position at the time I have requested.

Parent/Guardian Signature:

Date:

Parent/Guardian Name:

How did you hear about the Centre:

- Brochure Website Friend Current Service/Centre
 Other _____

OFFICE USE ONLY

Date Received:

Centre Tour Booked:

| | |
|--|--|
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