



Application for care



Semester One Two Year _____

Child's details Female Male Child's date of birth _____ Age _____

Family name _____ Given names _____

Residential address _____ Postcode _____

Parent/Guardian details

Family name _____ Given names _____

Residential address _____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

Student/Occupation _____ Location _____

Email _____

Does your child have any serious health problems or disabilities? No / Yes *supply details*

Does anyone in your child's immediate family have a disability? No / Yes *supply details*

Is your family of Aboriginal or Torres Strait Islander descent? No / Yes

Is your family from a Non-English speaking background? No / Yes

Have you lived in Australia for less than two years? No / Yes *supply details* _____ months

What languages do you speak at home? _____

If you do not speak or understand English well, please tell us the name and phone number of a friend we may contact who speaks your language as well as English so we can get them to translate for you:

Name _____ number _____

Do you or will you receive a Commonwealth benefit/allowance? No / Yes *supply details*

Are you a single parent? No / Yes

Have you submitted an application to a TAFE children's centre before today? No / Yes *supply details*

Have you previously gained a place for your child in a TAFE children's centre? No / Yes *supply details*

Is your course 16 or more hours per week?

No / Yes Are you continuing your course and **have had** previous TAFE child care?No / Yes orAre you continuing your course and have **not had** previous TAFE child care?No / Yes Have you enrolled in a different course this semester? No / Yes *supply details* _____**Please complete the following table:**

The days you require care				
Monday	Tuesday	Wednesday	Thursday	Friday

TAFE NSW student

Name of course? _____ Course No. _____

Is your course full time part time How many hours per week is your course? _____ hoursHow long is your course? _____ wks/mths/ yrs Are you exempt from paying the TAFE NSW fee? No Yes

What is your partner's occupation? _____ Is this – full time/part time

Parent/Guardian: I understand that if I am successful in gaining a place for my child, the child's place will be reviewed each semester. The placement may be withdrawn at any time to accommodate a priority placement under DEEWR guidelines

Name _____ Signature _____ Date _____

TAFE NSW staff member/Community memberWhat is your occupation? _____ Is your employment full time part time

Your place of employment _____

What is your partner's occupation? _____ Is this full time part time

What is the main reason you require care for your child at this TAFE NSW Children's Centre? _____

Parent/Guardian: I understand that if I am successful in gaining a place for my child that the approved placement will be guaranteed unless the place has to be withdrawn to accommodate a priority placement under DEEWR guidelines.

Name _____ Signature _____ Date _____

Privacy Notice

The information provided by you on this form will be used by TAFE NSW or other authorised organisations for the purposes of general administration, communication, planning, programming and evaluation. The information is essential for enrolment and licensing purposes and to develop the educational programme for your child. The information may be disclosed to Centrelink, the Commonwealth Department of Education, Employment and Workplace Relations, and the NSW Department of Community Services.

The information provided will be held securely and disposed of securely when no longer needed. You may correct any personal details by contacting your TAFE NSW children's centre.

Office use only:

Application review date _____ Number of priorities noted _____

Child gained a place in the centre - No / Yes Date of commencement if yes _____

Justification if no – 1 2 3 4 5 6 7 8 9

Child was placed on the waiting list for one semester – Yes / No Why not? _____

Name and Signature of authorised officer: _____ Date: _____