

Please complete this form and return it, with the application fee, to Winanga-Li Early Learning and Care Service:

- in person - 12 Hunter Street Gunnedah; or
- by mail – PO BOX 1030, Gunnedah NSW 2380; or
- by fax – 02 6743 0998; or
- by email – scan and email the form as an attachment to: elcadmin@winanga-li.org.au

CHILD'S DETAILS	
Given name[s]	Family name
Any other name your child is known by or preferred name?	
Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown [not born yet]	
Date of birth/expected date of birth [if unborn child]	
Home address	
Cultural identity Is your child:	
<input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> neither Aboriginal nor Torres Strait Islander?	
<input type="checkbox"/> Other [state]	
Does your child currently attend another early learning and care service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have a suspected or diagnosed additional need? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If yes, please provide some details	
What date do you require care from?	
What day/s do you require care for your child?	
Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	

FAMILY DETAILS	
FAMILY MEMBER 1 [primary contact]	Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr
First name	Family name
Preferred name	Relationship to child
Are you: <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> neither Aboriginal nor Torres Strait Islander?	
Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Postal address	
Home telephone number	Mobile number
Email address	
Work status: Are you: <input type="checkbox"/> working? <input type="checkbox"/> seeking work? <input type="checkbox"/> studying? <input type="checkbox"/> on leave? <input type="checkbox"/> at home?	
FAMILY MEMBER 2	Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr
First name	Family name
Preferred name	Relationship to child
Are you: <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> neither Aboriginal nor Torres Strait Islander?	
Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Postal address [if different from that listed for Parent/Carer 1]	
Home telephone number	Mobile number
Email address	
Work status: Are you: <input type="checkbox"/> working? <input type="checkbox"/> seeking work? <input type="checkbox"/> studying? <input type="checkbox"/> on Parental Leave? <input type="checkbox"/> at home?	

The Australian Government’s Priority of Access Guidelines requires families to help us to prioritise your status on the waiting list according to the following categories. Please tick [✓] all relevant box[es] in **both** sections.

PRIORITY OF ACCESS GUIDELINES	
SECTION ONE: Priority	Is your child:
<input type="checkbox"/> First Priority	a child at risk of serious abuse or neglect
<input type="checkbox"/> Second Priority	a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the <i>A New Tax System [Family Assistance] Act 1999</i> - that is, the parent[s] work/train/study for at least fifteen hours per week or an average of thirty hours per fortnight
<input type="checkbox"/> Third Priority	any other child
SECTION TWO:	Is your child a:
<input type="checkbox"/>	child in an Aboriginal and/or Torres Strait Islander family
<input type="checkbox"/>	child in a family which includes a disabled person
<input type="checkbox"/>	child in a family which includes an individual whose adjusted taxable income does not exceed the lower income threshold, or who/whose partner is on income support. For 2015-2016 the threshold is \$43,727
<input type="checkbox"/>	child in a family from a non-English speaking background
<input type="checkbox"/>	child in a socially isolated family
<input type="checkbox"/>	child of a single parent
<input type="checkbox"/>	none of the above
Signature	Date

Note:

Completing this form does not guarantee a formal offer for a place at Winanga-Li Early Learning and Care Service at any given time.

PRIVACY NOTICE

Winanga-Li Aboriginal Child and Family Centre recognises the importance of ensuring that personal and health information held at the centre is treated confidentially. We are committed to ensuring that all personal and health information is only collected, disclosed, used and stored in accordance with the Australian Privacy Principles set out under the commonwealth Privacy Act 1988.

The personal and health information requested on this form is collected by our service for the provision of early learning and care and will be used solely for that purpose or directly related purposes – for example, the allocation of physical resources and educators to meet and support your child’s care needs. It may be shared with the Department of Human Services [for CCB related matters], other relevant agencies in accordance with legislation, any other organisation or individual authorised in writing to review your child’s records, and authorised Winanga-Li employees.

You can choose not to provide your/your child’s personal and/or health information, however, if you do not provide the information we may not be able to consider your application for care. This form will be securely stored in the early learning and care service and the information will be stored electronically for the management of the waiting list. The records are archived annually.

You have the right to view and/or amend your information at any time. If you require more detail around our privacy policy, or wish to view or amend the personal and/health information you have provided, please talk to our Education and Care Manager.

Office use only		
Date application received		
Date entered into Kidsoft		By:
Date entered on service spreadsheet		By:

Follow up contact	
Date	
Date	
Date	
Date	
Date	
Date	