

# Waitlist Application Form



Yaama!

To register your interest in enrolling your child, please complete this form and return it to the Winanga-Li Early Learning and Care Service office:

- 12 Hunter Street, Gunnedah;                      **or**     PO Box 1030, Gunnedah NSW 2380  
 Fax - 02 6743 0998    **or**     Email: [elcadmin@winanga-li.org.au](mailto:elcadmin@winanga-li.org.au)

Child's Details			
<b>Given Name(s):</b>			
<b>Family Name:</b>			
<b>Preferred Name:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> unborn
<b>Date of Birth</b>	/ /	<b>Expected date:</b>	/ /
<b>Home Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Cultural Identity</b> <i>Is your Child:</i>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Other (specify) _____		
<b>Does your child attend another early learning and care service?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your child have a diagnosed disability?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details.			
<b>What date do you require care from?</b>		/	/
<b>Days Required:</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

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Family Details			
<b>Parent/Carer 1:</b>			
<b>Title:</b>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr		
<b>First Name</b>		<b>Preferred Name:</b>	
<b>Family Name:</b>			
<b>Relationship to Child:</b>			
<b>Cultural Identity:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Other (specify) _____		
<b>Do you have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Home number:</b>		<b>Mobile number:</b>	
<b>Email address:</b>			
<b>Employment Status:</b>	<input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Casual employment <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed		
<b>Parent/Carer 2:</b>			
<b>Title:</b>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr		
<b>First Name</b>		<b>Preferred Name:</b>	
<b>Family Name:</b>			
<b>Relationship to Child:</b>			
<b>Cultural Identity:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Other (specify) _____		
<b>Do you have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Address:</b> <i>(if different)</i>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Home number:</b>		<b>Mobile number:</b>	
<b>Email address:</b>			
<b>Employment Status:</b>	<input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Casual employment <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed		

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The Australian Government’s Priority of Access Guidelines required 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	
<b>Section One: Priority</b>	<b>Is your child:</b>
<input type="checkbox"/> <b>First Priority</b>	A child at risk of serious abuse or neglect
<input type="checkbox"/> <b>Second Priority</b>	A child of a single parent who satisfies, or of parents who both satisfy, the work / training / study test under section 14 of the A New Tax System (Family Assistant) Act 1999 - that is, the parent(s) work / train / study for at least fifteen hours per week on average or thirty hours per fortnight.
<input type="checkbox"/> <b>Third Priority</b>	any other child
<b>Section Two:</b>	<b>Is your child:</b>
<input type="checkbox"/>	a child in an Aboriginal and / or Torres Strait Islander family
<input type="checkbox"/>	a child in a family which includes a disabled person
<input type="checkbox"/>	a child in a family which included an individual who’s adjusted taxable income does not exceed the lower income threshold, or who/whose partner is on income support. For <b>2018-2019</b> the threshold is <b>\$66,958</b>
<input type="checkbox"/>	a child in a family from a non-English speaking background
<input type="checkbox"/>	a child in a socially isolated family
<input type="checkbox"/>	a child of a single parent
<input type="checkbox"/>	none of the above
<b>Parent/Carer Name:</b>	
<b>Parent/Carer Signature:</b>	Date:     /     /

## 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 federal Privacy Act 1988.

The personal and health information requested on this form is being collected by our centre for the provision of early learning and care and will be used solely for that primary purpose or directly related purposes – for example, the allocation of physical and human resources to meet and support your child’s education and care needs. It may be shared with the Department of Human Services and other relevant agencies in accordance with applicable legislation.

You can choose not to provide you/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 electronically for the management of the waiting list. The records are archived annually.

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You have the right to view and/or amend this 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 service Coordinator.

Office Use Only		
	Date	Initials
Date application received		
Date entered into Kidsoft		
Date entered on service spreadsheet:		
Priority of access status reviewed tick [✓] whichever applies]	<input type="checkbox"/> Category 1 - Aboriginal Families	
	<input type="checkbox"/> Category 2 - Non - Aboriginal Families	
	<b>Priority in category</b>	
	<input type="checkbox"/> First Priority	
	<input type="checkbox"/> Second Priority	
	<input type="checkbox"/> Third Priority	
	<input type="checkbox"/> Fourth Priority	

Follow up Contact	
Date	
Date	
Date	
Date	
Date	