

## COMMUNITY MOTHER FORM

0429 904 324

info@connecting4kids.com.au

www.connecting4kids.com.au

Applicant's Name:		D.O.B.	
Address:			
Contact Phone:			
Contact Email:			
Country of Birth			
Do you identify as an Aboriginal or Torres Strait Islander?	YES	NO	
Emergency Contact:	Name:		
	Relation:		
	Phone:		

### Medical Information:

Do you have any allergies?

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Do you have any medical conditions you would like us to be aware of?

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Do you have any specific animal phobias or allergies you would like us to keep in mind when matching you?

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What days and times best suit you for visits? \_\_\_\_\_

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Preferred number of families to support?  1  2  3  uncertain

*\*Please note this is just as a rough guide for the matching process and not a guarantee on how many families you will be assigned. This can be updated at any time, if required.*

ADMIN USE ONLY	
<b>Documents Received:</b>	Y
Working with Children Check	<input type="checkbox"/>
National Police Check	<input type="checkbox"/>
Immunisation Status Check	<input type="checkbox"/>

## COMMUNITY MOTHER PROFILE

*\*All questions on this page are optional, but the more information you provide, the better we can match you with a family.*

Tell us a bit about yourself *for example: your current situation, family life (single, FIFO, etc.) , interests & hobbies, etc.*

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Do you have any knowledge, interest or experience in areas relevant to being a Community Mother?

*For example: cultural or linguistical diversity, disabilities, child health, early learning, post-natal depression, first aid, etc.*

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Anything else you would like to share? \_\_\_\_\_

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Where possible, do you have a preference for who you should support?

*for example: similar family life (single, FIFO, etc.) , interests & hobbies, age of children, first time mum, etc.*

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