

FAMILY 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?	SELF	CHILDREN	NO
Languages spoken at home			
Emergency Contact:	Name:		
	Relation:		
	Phone:		
Childrens names & ages			

Medical Information:

Do you or your child(ren) have any allergies? _____

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

So we are ready for our visit:

What days and times best suit you for visits? _____

How many people are in your home, will they be present during our visit? _____

If so what is their relationship to you? _____

Do you have any pets in your home, if so what are they? _____

We ask that all pets are secured while we are visiting.

Does anyone in your home smoke inside? _____

We ask that you do not smoke during visits, our Community Mother will show the same respect.

FAMILY PROFILE

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

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

What are you hoping to achieve with this program? *for example: better support, links with community, etc.*

Are you currently linked with any local services or groups? Yes No

if yes please list services, if no is there a service, group or topic you would like us to provide more information on?

Where possible, do you have a preference for who should support you? *for example: similar family life (single, FIFO, etc.) , interests & hobbies, etc.*

