



## FIT KIDZ FOUNDATION EXPRESSION OF INTEREST FORM

CHILD DETAILS		
First name:	Last Name:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Year Starting School:
Child's Diagnosis:	Date Diagnosed:	
Child CRN:		
Current Funding (HCWA, Better Start, NDIS):		
Profession of person/service who diagnosed (e.g. Paediatrician/Psychologist):		
<i>* Please attach all assessment reports and funding details*</i>		
REFERRAL INFORMATION (who recommended The Foundation Centre to you?)		
Name of Person Referring:	Name of Service:	
TYPE OF SERVICE REQUESTING		
<p><b>1. Group Early Intervention Program (3-5 Years)</b></p> <p><i>The Group Early Intervention Program runs from 8:30 am – 12:30 pm, and we offer 2 consecutive day places ONLY. Please indicate preference of days by ticking the appropriate boxes.</i></p> <p style="text-align: center;">2 Day Places: <input type="checkbox"/> Mon/Tues or <input type="checkbox"/> Thurs/Fri</p> <p style="text-align: center;">Are you prepared to accept any available days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>2. Mini Group Program (under 3 years)</b></p> <p><i>The Mini Group Program is for 2-3 years old's wanting to enrol in the more intensive Group Program the following year.</i></p> <p style="text-align: center;"><input type="checkbox"/> Wednesday 9:00 – 11:00 am</p>		
<p><b>3. Transition to School Programs</b></p> <p><i>We will be offering an Transition to School intensive program in the October and January School Holidays. We are also looking at the possibility of opening a Wednesday Prep group which will run through the School Terms.</i></p> <p style="text-align: center;">School Holiday Intensive: October <input type="checkbox"/> January <input type="checkbox"/></p> <p style="text-align: center;">Wednesday Prep Group <input type="checkbox"/></p>		
<p><b>4. Specific Individualised Therapy</b></p> <p><input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Preschool/School Support</p> <p>Days/Times Available for Therapy: _____</p>		



### OTHER SERVICES CURRENTLY ACCESSING (e.g. Childcare, Therapy, Family Services)

Name of Service	Contact Person	Contact Details	Days/Time Attending

### PARENT/GUARDIAN DETAILS

Parent/Guardian One		Parent/Guardian Two	
Name:		Name:	
Address:		Address:	
Work:	Mobile:	Work:	Mobile:
Email:		Email:	
CRN:		CRN:	

### PRIORITY OF ACCESS INFORMATION

According to the law, Fit Kidz Foundation Centre is obligated to follow the "Priority of Access" guidelines set down by the Commonwealth Government (FaHCSIA). These guidelines state that access to places at the centre must by law be offered as follows:

Priority 1: child at risk

Priority 2: Sole parent or two parents working, seeking work or training

Priority 3: parent at home with children under school age

*As a result, we need to ask for the child and employment information (below) in order to ascertain priority of access.*

### Child Information (please tick where appropriate)

- Aboriginal or Torres Strait Islander Family
- Department of Family & Community Services Involvement
- if yes, please provide contact details of case manager \_\_\_\_\_
- Another person with a disability in the family
- Low Income Family
- Single Parent Family
- Housing Difficulties
- Cultural Background: \_\_\_\_\_



Parent/Guardian One	Parent/Guardian Two
Are you currently: <input type="checkbox"/> Working <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Studying <input type="checkbox"/> Home Duties	Are you currently: <input type="checkbox"/> Working <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Studying <input type="checkbox"/> Home Duties
Days of Work/Study: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr	Days of Work/Study: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr

For more information about the Family Assistance Office, "Priority of Access" or Child Care Benefit, please call FAO on 13 61 50 or visit their website at [www.familyassist.gov.au](http://www.familyassist.gov.au)

**PLEASE READ AND SIGN THE STATEMENT BELOW**

I understand that by completing this section I give permission for Fit Kidz Foundation to contact/collaborate with the other services outlined above.

I understand that by completing this section places my child on the waiting list for the Fit Kidz Foundation Centre. When a position becomes available, they are assessed according to the "priority of access" guidelines, then offered to the next child on the waiting list. Unfortunately, being on the waiting list does not necessarily guarantee my child a position at the time I have requested.

**Parent/Guardian Signature:**

**Date:**

**Parent/Guardian Name:**

**OFFICE USE ONLY**

Date Received:

Centre Tour Booked:
