

CSIROCARE CLAYTON INC

WAITING LIST APPLICATION



**Please complete a separate Waiting list application for each child who requires care.*

Child's details

Family Name: _____ First Name: _____

Date of birth: ____/____/____ Or Expected Birth: ____/____/____

Parent/Guardian details

Parent/Guardian-1 Name: _____ Relationship to child: _____

Phone number: (Mobile) _____

Email address: _____

Parent/Guardian-2 Name: _____ Relationship to child: _____

Phone number: (Mobile) _____

Email address: _____

Days of care required (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred commencement date: _____

Are you flexible with these days? Yes ☐ No ☐

Child Safety & Wellbeing Statement

We are committed to child safety. We want children to be safe, happy and empowered.

We promote diversity and tolerance in our organisation, and people from all walks of life and cultural backgrounds are welcome. In particular, we:

- promote the cultural safety, participation and empowerment of Aboriginal children and,
- children from culturally and/or linguistically diverse backgrounds and,
- provide a safe and equitable environment for children with a disability

Privacy Statement

CSIROCARE collects personal, sensitive and health information for the purpose of meeting the organisation's legal operational requirements. All personal information is used only for the purpose for which it is gathered and is stored securely. Further information is included in our Privacy and Confidentiality Policy which can be accessed on our website or obtained from the centre