



Cullunghutti Early Learning Centre:
Waiting List Application Form

| CHILD DETAILS | |
|--|---------------------|
| Given Name/s: | Family Name: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown (not born yet) | |
| Date of birth/expected date of birth (if unborn): | |
| Home Address: | |
| Cultural Identity: Is your child: <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander? <input type="checkbox"/> Other (please explain): | |
| Does your child currently attend another Early Learning Centre? <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| Has your child been in care before? <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| Does your child have a suspected or diagnosed additional need? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please provide some details | |
| Does your child have a suspected or diagnosed medical condition? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please provide some details | |
| Does your child have any allergies or special dietary needs? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please provide some details | |
| Will your child require transport? <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| What date do you require care from? | |
| What day/s do you require care for your child? Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> | |



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| FAMILY DETAILS | |
|---|--|
| Family Member 1 (primary contact) | Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr |
| First Name: | Family Name: |
| Relationship to child: | |
| Are you: <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander? | |
| Do you have a disability? <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| Postal Address: | |
| Home telephone number: | Mobile number: |
| Email Address: | |
| Work Status: Are you: <input type="checkbox"/> Working? <input type="checkbox"/> Seeking work? <input type="checkbox"/> Studying? <input type="checkbox"/> on Parental Leave? <input type="checkbox"/> At home? | |
| Family Member 2 | Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr |
| First Name: | Family Name: |
| Relationship to child: | |
| Are you: <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander? <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander? | |
| Do you have a disability? <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| Postal Address: | |
| Home telephone number: | Mobile number: |
| Email Address: | |
| Work Status: Are you: <input type="checkbox"/> Working? <input type="checkbox"/> Seeking work? <input type="checkbox"/> Studying? <input type="checkbox"/> on Parental Leave? <input type="checkbox"/> At home? | |

The Australian Government's Priority of Access Guidelines requires families to help us prioritise your status in the waiting list according to the following categories. Please tick all relevant boxes in **both** sections.



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| PRIORITY OF ACCESS GUIDELINES | |
|--------------------------------------|---|
| First Priority | <input type="checkbox"/> Is your child at risk of serious abuse or neglect |
| Second Priority | <input type="checkbox"/> Are you a single parent who is working? <input type="checkbox"/> Are you a family with both parents working? <input type="checkbox"/> Are you studying for future employment? <input type="checkbox"/> Are you actively seeking employment? |
| Third Priority | <input type="checkbox"/> Any other child/ren? <input type="checkbox"/> Does your child have a disability? <input type="checkbox"/> Do any family members have a disability? <input type="checkbox"/> Have you been referred? <input type="checkbox"/> Are you a health care card holder? <input type="checkbox"/> Are you a single parent? <input type="checkbox"/> Is your family from a culturally and linguistically diverse background? |
| Name: | |
| Signature: | Date: |
| Staff Name: | |
| Signature: | Date: |

Note:

Completing this form does not guarantee a formal offer for a position at Cullunghutti Early Learning Centre at any given time. The service will contact you when a position for your child becomes available.



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| Office Use Only | | |
|--|---|------------|
| Date Application received: | | |
| Date and data entered into HubWorks: | <input type="checkbox"/> Yes or <input type="checkbox"/> No | By: |
| Date and data entered into wait list folder | <input type="checkbox"/> Yes or <input type="checkbox"/> No | By: |
| Position Offered at Cullunghutti ELC | | |
| Date: | Taken: <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| Start Date: | | |
| Room: | | |
| Follow Up Contact | | |
| Date: | | |
| Date: | | |
| Date: | | |