

MURDOCH UNIVERSITY CHILD CARE ASSOCIATION

CHILD CARE CENTRE

APPLICATION FORM

2008

Completed application forms should be returned to the Child Care Centre, Murdoch University, South Street, Murdoch, WA 6150.

The Centre offers the following types of bookings

Full Time	8.00.am to 5.30 pm (Mon to Fri)
Full Day	8.00 am to 5.30 pm
AM Session	8.00 am to 12.45 pm
PM Session	12.45 pm to 5.30 pm

Please indicate over the page, the type of booking you would prefer to enable you to study/work successfully.

There is no guarantee that all hours requested will be allocated because the demand for child care is usually heavier for some particular hours.

APPLICATION FOR PLACEMENT

1. Parents Name(s) _____
 Home Address _____ (H) Phone No: _____
 _____ (W) Phone No: _____
 State whether staff, student or outside community: _____

If student, please indicate whether you are:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Tutor
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> External

Major programme of study: _____

In which year will you complete your course of study? _____

2. Please indicate the type of booking or hours requested:

<u>Child's Name & Date of Birth</u>	Full Time	Full Day AM session PM session				
Child's details	Mon-Friday	Mon	Tues	Wed	Thurs	Fri

3. The Department of Health and Family Services has determined that priority of access should go to children in certain categories. Please indicate which of the following apply in your case:

Child of Single Parent	Child of Both Parents		Other Categories
	<i>Parent 1</i>	<i>Parent 2</i>	
<input type="checkbox"/> Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child at risk of abuse or neglect
<input type="checkbox"/> Studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child with disabilities
<input type="checkbox"/> At Home	<input type="checkbox"/>	<input type="checkbox"/>	

4. Are there any special circumstances of, which the Committee should be aware, e.g. lecture time, when allocating places? Please attach letter if necessary

Signature _____ Date _____