

FDC  
Request for Care



the infants' home  
CHILD & FAMILY SERVICES

Date applied	Care to begin	Reference	
Parent/Guardian		Mobile phone	
Home address		Home phone	
Work/study suburb		Work phone	
Email			
Partner/Guardian		Mobile phone	
Work/study suburb		Work phone	
Email			
Children requiring care Name and date of birth	Childs Name	Date of Birth	Gender

Care Requirements							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
Finish time							
Details							

Travel areas			
Ashbury	Ashfield	Concord	Croydon
Croydon Park	Five Dock	Haberfield	Summer Hill

Transport	Drive	Bus route	Train station	Walking

What is important to you when choosing a carer?	
Any additional needs or requirements?	

Priority of access			
Work related	At risk	Disability	Respite

Enrolment arranged on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ Carer \_\_\_\_\_

Points to raise with applicant: [Staff to tick after discussing with applicant]			
Family advised to recontact service 10 weeks before care required to update details		Staff to remind family there is no guarantee of care	
Family advised to call every 2 weeks after the 10 weeks to confirm care is still required		Discuss with applicant TIHLDC service as alternate option	
Work/study address and telephone number for parent & partner		Child/ren's birth certificate	
Two emergency contact names, address and telephone numbers number		Medicare/ Child/ren's immunisation records	
Family Doctor and Dentist's name and telephone number		Non-refundable enrolment fee	