Shared Lives Referral Form

|  |  |
| --- | --- |
| Referring Agency: | Click or tap here to enter text. |
| Date of Training: | Click or tap here to enter text. |
| Attendees Names: | Click or tap here to enter text. |
| Attendee Phone: | Click or tap here to enter text. |
| Attendee Email:  *(for certificates)* | Click or tap here to enter text. |
| Attendees’ Suburb | Click or tap here to enter text. |
| Allergies / Dietary Requirements: | Click or tap here to enter text. |
| Currently Caring: | YES  NO |

*If currently caring, please complete below:*

|  |  |
| --- | --- |
| Age(s) of child/ren: | Click or tap here to enter text. |
| Time in placement: | Click or tap here to enter text. |

*If not currently caring, please complete below:*

|  |  |
| --- | --- |
| Assessment Process: | Completed  In progress  Not yet commenced |
| Will Caring with Carers be assessing? | YES  NO |
| Type of Care applying for: | General Foster Care  Relative Kinship  Guardianship  Respite  Emergency/Restoration  Adoption |

|  |
| --- |
| **ADDITIONAL INFORMATION** *(Insert other relevant information)*: |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Agency Contact Name: | Click or tap here to enter text. |
| Date Submitted: | Click or tap here to enter text. |

Please submit completed forms to [admin@caringwithcarers.com.au](mailto:admin@caringwithcarers.com.au)

**Cancellation Policy:**

All training will be invoiced the week prior to the training dates. Cancellations after this time will be non-refundable as catering and facilitators are confirmed. If you have a cancellation, please contact us as soon as possible.