Shared Lives Referral Form

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| 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 [ ]  |

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

|  |  |
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| 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

**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.