

## Foster Carer Learning CARER DEVELOPMENT WORKSHOPS ENROLMENT FORM

| Family N                   | Family Name: DOB:// |                         |              | Given Name (1):   |        |                       |     | Male 🔲 Female 🗌 |          |             |
|----------------------------|---------------------|-------------------------|--------------|---|--------|-----------------------|-----|-----------------|----------|-------------|
| Family N                   | ame:                |                         | DOB:         | //  | Giver  | n Name (2             | 2): |                 | Male 🗖 F | emale 🔲     |
| Agency where Registered:   |                     |                         |              |   |        | Staff Support Person: |     |                 |          |             |
| Home or Postal<br>Address: |                     | Street No: Street Name: |              |   |        |                       |     |                 |          |             |
|                            |                     | Suburb:                 |              |   |        |                       |     |                 |          |             |
| Address:                   |                     | Suburb:                 |              |   |        |                       |     | Post Code:      |          |             |
| Address:<br>Email Add      | dress:              | Suburb:                 |              |   |        |                       |     | Post Code:      |          |             |
| Email Ado                  |                     |                         | receive worl | kshop corre   | sponde | ence?                 | [   | Post Code:      | Email    | Please Tick |
| Email Ado                  | ıld you             |                         | receive worl | <shop corre<="" td=""><td>sponde</td><td>ence?<br/>Mobile:</td><td>1</td><td></td><td>Email</td><td>Please Tick</td></shop> | sponde | ence?<br>Mobile:      | 1   |                 | Email    | Please Tick |

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Please list any special learning needs that may affect your participation:

| Person Enrolling | Workshop / Topic | Course Date | Crèche Required |
|------------------|------------------|-------------|-----------------|
|                  |                  |             | YES / NO        |

CRECHE: Please advise Number of Children \_\_\_\_\_and their Ages \_\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_,

(Carers need to bring <u>all</u> equipment and food that your children require while in crèche)

NB: No crèche available for evening or weekend workshops

Please complete this form and return to the Foster Carer Learning Team, by either post, or email.

Foster Carer Learning, Learning & Development, 6<sup>th</sup> Floor, 8 Bennett St, East Perth 6004 Tel: (08) 6277-4600 / Email: <u>fosterworkshops@communities.wa.gov.au</u>

\*\*\*\* Please notify Foster Carer Learning as soon as possible if the following occurs: \*\*\*\* You are <u>no longer able to attend</u> the workshop OR your <u>requirements for crèche services change</u>