Choose an item.**,** Choose an item.

Please forward completed forms to **outreach@communityjunction.org.au**Phone: 9673 3908

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| --- |
| **ORGANISATION DETAILS** |
| Name | Click here to enter text. |
| Organisation | Click here to enter text. |
| #Public Liability Policy Number | Click here to enter text. |
| Email | Click here to enter text. | Phone |  |
| \*Mobile | Click here to enter text. |
| *\*Please ensure you include a mobile phone number in case of emergencies # Must be completed every application*  |
| **GROUP DETAILS** |
| Reason for Childcare | Click here to enter text. |
| Venue Name | Click here to enter text. |
| Venue Street Address | Click here to enter text. |
| Name of room being utilised | Click here to enter text. |
| Group Details | Day | Click here to enter text. | Total number of weeks | Click here to enter text. |
|  | Start Date | Click here to enter a date. | Finish Date | Click here to enter a date. |
| Start Time | Click here to enter text. | Finish Time | Click here to enter text. |
| Does the venue have an adjacent room for childcare to be provided? | Yes [x] No [ ]  | Does the venue have a fenced outdoor area?  | Yes [ ] No [ ]  | Do you have age appropriate toys and resources? | Yes [ ] No [ ]  | Does the venue have appropriate tables & chairs for childcare? | Yes [ ] No [ ]  |
| Is there a preferred number of Outreach workers to attend this group? If yes, how many and why? | Click here to enter text. | Will your organisation be providing your own childcare worker for this group? If yes, how many?  | Click here to enter text. |
| Does the group receive funding? If so from whom? | Click here to enter text. |
| How long has the group been operating?  | Click here to enter text. |
| **CHILDREN DETAILS**  |
| Number of children? (Only indicate children who will be in care)  | 0-12 months | Click here to enter text. | 2-3 years | Click here to enter text. |
| 1-2 years | Click here to enter text. | 3+ years | Click here to enter text. |