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

Please forward completed forms to [**outreach@communityjunction.org.au**](mailto: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  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. | | | | |