



**Communities for Children
Bendigo Supported Playgroup
Participation Form**



Parent/s or Guardian

Name: _____ Relationship to child: _____
Phone Number: _____ Email: _____
Address: _____
Date of Birth: _____ Gender: Male Female Other
Country of Birth: _____
Aboriginal, Torres Straight Islander: _____
Medical/Disability Information: _____

Name of Child/ren referred to Supported Playgroup

Child 1

Name: _____
Date of Birth: _____ Gender: Male Female Other
Country of Birth: _____
Aboriginal, Torres Straight Islander: _____
Medical/Disability information: _____

Child 2

Name: _____
Date of Birth: _____ Gender: Male Female Other
Country of Birth: _____
Aboriginal, Torres Straight Islander: _____
Medical/Disability information: _____

Child 3

Name:

Date of Birth:

Gender:

Male

Female

Other

Country of Birth:

Aboriginal, Torres Straight Islander:

Medical/Disability information:

Additional Information

Supported Playgroup program has been discussed with the family:

Yes

No

What does the family believe a Supported Playgroup could assist with:

Does the family have use of a car?

Yes

No

Will the family be using public transport?

Yes

No

Are there any cultural backgrounds and/or beliefs that we need to be aware of when working with the family:

Main language spoken at home:

Is an interpreter required?

Yes

No

If Yes, what language?

Emergency Contact

Name:

Relationship to child:

Phone:

Additional Information

Service Name Allocated Worker

Phone Email

Service Name Allocated Worker

Phone Email

Service Name Allocated Worker

Phone Email

Referring Agency

Name of referrer and role

Service

Email Address

Phone

Reason for referral as identified by Service Provider

You can complete this form electronically and then click on the button below to submit it to Jenny Prince (Shine Bright Supported Playgroup Coordinator).

For more information contact Wendy Irving (Shine Bright Supported Playgroup Coordinator).

Telephone: 0447 576 278

Email: playgroup@shinebright.org.au