

**HOMEBUILDERS WEST COAST TRUST**

**CAREGIVER/S APPLICATION FORM**

**NAME OF APPLICANT/S:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE/S OF BIRTH:**

**RELIGION/S:**

**OCCUPATION/S:**

**MARITAL STATUS:** (Please circle)

Married

Single

Widowed

Separated/Divorced

Relationship - living together

Relationship - not living together

**CHILDREN'S NAMES:**

**AGES:**

**LIVING IN HOME?:**

**WHO ELSE IS LIVING IN YOUR HOME? (relatives, boarders etc)**

**NAME**

**AGE**

**RELATIONSHIP TO YOU**

**TYPE OF CARE YOU ARE INTERESTED IN PROVIDING:**

Holiday Care  
Weekend Care

Short Term Care  
Emergency Care

Other:

**PLEASE SPECIFY:**

Age Range

Gender

No. of children

**ARE YOU ABLE TO CARE FOR SPECIAL NEEDS CHILDREN? IN WHAT AREAS?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WISH TO BECOME A CAREGIVER FAMILY/PERSON?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DOES YOUR FAMILY FEEL ABOUT THIS?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESSES OF TWO REFEREES:**

I/we agree to complete a Police report form.

I/we agree to complete a medical report.

For the purpose of compliance with the Privacy Act 1993 I consent to Homebuilders West Coast Trust seeking verbal or written information about me from relevant persons to enable Homebuilders to carry out a full assessment.

Is there anyone you do not want us to contact \_\_\_\_\_

Applicant/s signature: \_\_\_\_\_

Date: