

AUNTIES & UNCLES (ILLAWARRA) INC.
Office 3, 15 Short St. CORRIMAL, NSW 2518

Telephone: (02) 4284-0981
Co-ordinator: Berta

APPLICATION FORM

AUNTIE:

Surname: _____

Christian Name: _____

Previous Surname: _____

Date of Birth: _____

Town of Birth: _____

Country of Birth: _____

UNCLE:

Surname: _____

Christian Name: _____

Date of Birth: _____

Town of Birth: _____

Country of Birth: _____

ADDRESS:

TELEPHONE'S

CHILDREN: (Name, Birthdate & Sex):

DETAILS OF ANY APPLICATION MADE TO ANOTHER ORGANISATION OR AGENCY:

EXPERIENCE WITH FOSTERING, ADOPTION OR INVOLVEMENT WITH CHILDREN:

PREVIOUS & CURRENT VOLUNTARY WORK, COURSES, ETC:

WHAT MOTIVATED YOU TO CONTACT AUNTIES & UNCLES?

WHAT DO YOU FEEL YOU CAN OFFER A NIECE OR NEPHEW?

WHAT DO YOU HOPE TO GAIN FROM BEING AN AUNTIE/ OR UNCLE?

HOW DID YOU FIND OUT ABOUT AUNTIES & UNCLES?

POLICE RECORD: **If yes, please advise details (privately if desired)**

AUNTIE: **YES** **NO**
UNCLE: **YES** **NO**

REFEREES: **Three people to whom we can refer, one of whom should be a child, not your own. The two adult referees should be from two families.**

Referee 1:

Name:

Address:

Phone:

Referee 2:

Name:

Address:

Phone:

Referee 3 (Child):

Name:

Address:

Phone:

I give permission to Aunties & Uncles to undertake a Police Check. I am prepared to make a commitment to have a child spend a weekend per month with me for a minimum of one year.

SIGNATURE AUNTIE: _____ DATE:

SIGNATURE UNLCE : _____ DATE: