



Registration of interest in foster care

- I would like to be contacted by a worker from WEAC to arrange an Information exchange session.

Your name
First name *Last name*

Your address

Telephone
Home *Work* *Mobile*

Email address

Please complete for all members of your household

(include all people who regularly stay overnight and any children or young people who live elsewhere)

Name	Date of birth	Male/ female	Relationship to you

What language(s) do you speak at home?

Have you previously applied to any other community service organisations to foster either in Victoria or elsewhere?

(Mark one) Yes No

If **yes**, please provide details and the result of the application:

What type of care are you interested in applying for, if known?

(Mark any you are interested in)

- Respite care
 Short term care
 Long term care

Please return to:

Carer Recruitment Coordinator

Waverley Emergency Adolescent Care

Suite1 / 1 oxford Street, Oakleigh Vic 3166

e] carer_recruitment@weac.org.au

p] 03 9563 2275

f] 03 9563 3180