|  |
| --- |
| **24 HOUR CARE FORM** Version 4 (March 2019) |

|  |
| --- |
| **CHILD’S NAME:** |
| **PARENT’S NAME:** |
| HAS PREVIOUS OVERNIGHT / 24 HOUR CARE BEEN PROVIDED: YES / NO  IF YES HOW MANY PREVIOUS OVERNIGHT / 24 HOUR CARE PERIODS PROVIDED: |
| **PERIOD OF CARE REQUIRED:**  FROM: am / pm DATE:  TO: am / pm DATE: |
| **REASON FOR CARE:**   * ***Hospitalisation / Medical Reason*** * ***Work related commitments*** * ***Study related*** * ***Serious illness of a family member.*** * ***Attendance at court as a party to proceedings, a juror or a witness.*** * ***Short term medical, physical, psychological illness.*** * ***Short term care for another family member.*** * ***Voluntary work associated with a medical disaster.*** * ***Other:***   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Please attach evidence to support this application***  ***The CEO / State Manager may require or ask for further information to support the application.*** |
| **PLEASE ATTACH FLOORPLAN WHERE THE CHILDREN WILL BE SLEEPING AND HOW YOU WILL PROVIDE ADEQUATE SUPERVISION:** |
| **PARENT’S NAME: DATE:**  **PARENT’S SIGNATURE:** |
| **EDUCATOR’S NAME: DATE:**  **EDUCATOR’S SIGNATURE:** |
| **CONSULTANT INFORMED/ SIGNATURE:**  **DATE:**  **CEO /STATE MANAGER NAME:**  **CEO / STATE MANAGER SIGNATURE:**  **DATE:**  **APPROVAL GRANTED: DATE:**  **EDUCATOR NOTIFIED:**  **PARENT NOTIFIED:** |

***Please note: All overnight and 24 hour care must be approved by the CEO or State Manager before care can commence and evidence of the reason that the request is being made as per the Regulations. Please ensure this form is submitted at least 72 hours before the care is required. (if possible)***