**Application for Permanent Care and Adoptive Families Membership**

I would like to become a member of Permanent Care and Adoptive Families – the trading name for Post Placement Support Service (Vic) Inc.

Name:

Occupation:

Address:

Address: Postcode:

Phone: Mobile:

Email: …………………………………………

Please tick/circle as many groupings that apply or are relevant to you

🞎 Adoptive Parent 🞎 Permanent Care Parent 🞎 Kinship carer (related to child, ie aunt, grandparent, etc)

🞎 Childhood experience of adoption or permanent care 🞎 Other home-based care

🞎 Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Professional (working in sector) Agency/Organisation name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child Aboriginal or Torres Strait Islander Yes 🞎 No 🞎 Does child identify as CALD Yes 🞎 No 🞎

Please tick/circle: How did you find out about Permanent Care and Adoptive Families?

🞎 Word of mouth 🞎 Agency referral 🞎 Through a parent group, ie KAF, FCC, ICARN

🞎 Website 🞎 Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of my admission as a member, I agree to be bound by the rules of the Association.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Note:

Members under the age of 15 years are required to complete an Associate Member form that is signed by a parent or guardian.

Permanent Care and Adoptive Families Rules of Association are located on the website: <http://www.pcafamilies.org.au/>