

2019 Application Form

SELF (Strengthening Early Learning for Families) Program

Please complete the form below

CHILD'S NAME:

DOB:

DIAGNOSIS &/ DESCRIPTION OF CHALLENGES:

Please provide the names of the parents who are applying to participate.

PARENT'S NAME:

Ph:

Email:

PARENT'S NAME:

Ph:

Email:

Note: Parents attending need to attend for all 7 sessions

OTHER CHILDREN IN THE FAMILY – ages and any developmental issues

BRIEFLY DESCRIBE THE THERAPY SERVICES YOUR CHILD HAS ALREADY RECEIVED:

TELL US A LITTLE ABOUT THE CURRENT THERAPY SERVICES YOU ARE CURRENTLY ACCESSING:

ANY RESTRICTIONS YOU ARE EXPERIENCING IN ACCESSING THERAPY SERVICES:
(financial, logistical, etc)

Please comment on your current concerns about your child's development and your family's functioning and what it would mean to your family to be able to benefit from the programme

The following is a checklist for you to consider the essential requirements for inclusion in the programme:

(please highlight or circle your answer)

- Can you attend and commit to the 7 weekly sessions dates as identified in the SELF flier on Fridays YES/NO
- Are you able to attend the parent only sessions (i.e. Without any children?) YES/NO
- Will you consent to being videoed with your child and to discussing the videos in a group situation? (All videos are kept securely and confidentiality is strictly maintained) YES/NO
- Are you able to complete assessment questionnaires pre and post the program YES/NO

Please return to: administration@sensoryconnections.com.au

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FUNDING SUPPORT

Sensory Connections currently receives charitable funding through the Kai Botsis Charitable Foundation to pay for the costs of running the SELF program. Due to the intensive nature of this program in relation to therapists hours of input the cost needed to run it is \$3,000 per family participating.

To enable greater access to families who are experiencing financial hardship we ask applicants who can afford it to contribute to the costs.

(Please highlight or circle your answer)

- I am applying for Kai Botsis Foundation to pay a Full Scholarship for me to participate in SELF***

YES /NO

- I am able to contribute towards the costs***

YES/NO

Highlight or circle your contribution amount

\$200, \$500, \$1000, \$2,000, \$3,000, _____

- I am able to access other funding sources and wish to use these to contribute towards the costs***

YES /NO

Please provide details on what may be available

e.g. private health insurance, medicare rebates , NDIS funding,

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Postal: Attn SELF, SCOTS, 104 Keightley Rd West, Shenton Park, 6018 Ph/Fx: 9382 8538