



# Confidential Application

## For New Families

Return completed application to  
MATER CHILDCARE

C/- Mater Health Services, Raymond Terrace,  
South Brisbane QLD 4101

Fax: 3163 3445 Email: [childcare@mater.org.au](mailto:childcare@mater.org.au)

Form to be completed for existing children who currently attend Mater Childcare. Please return the completed form to the details above.

### EMPLOYMENT DETAILS

MHS Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MHS Employment Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Seconded
Employer Name Ward/Dept etc		MHS Payroll No.	
Other Employee Name			
First Name		Surname	
Home Ph		Work Ph	
Mobile Ph		Pager No.	
Email Address			
Residential Address			
Postal Address			
<input type="checkbox"/> tick to be included on our information email list and to receive updates and confirmations via email			

### DAYS CARE IS REQUIRED

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Start Date Required				

### CHILDS DETAILS

CHILDS NAME	DOB	GENDER
Child 1		
Child 2		

Please complete a separate form for additional children

### ADDITIONAL INFORMATION - Use this section to add any other information which may assist in us processing your application.

SIGNED		DATE	

MATER CHILDCARE USE ONLY				
Date Application Received and Reviewed	Date		By	
Director(s) to completed Tax Invoice Request Form:	Date		By	
Director(s) copied documents and forwarded to FSS	Date		By	
FSS processed Application for Credit and Tax Invoice Request	Date		By	
Applicant payed Tax Invoice for Holding Deposit	Date		By	
Placement confirmed	Date		By	