

Scholarship Application Form

SELF (*Strengthening Early Learning for Families*) Program

Please complete the form below for consideration in SELF for Term 1 2018.

CHILD'S NAME:

DOB:

DIAGNOSIS &/ DESCRIPTION OF CHALLENGES:

PARENT'S NAME:

Ph:

Email:

PARENT'S NAME:

Ph:

Email:

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 requirements for inclusion in the programme:

(please highlight or circle your answer)

- | | |
|---|--------|
| <input type="checkbox"/> Are you able to attend sessions on Fridays? | YES/NO |
| <input type="checkbox"/> Can you commit to the 7 weekly sessions commencing 16 th February 2018? | YES/NO |
| <input type="checkbox"/> Are you able to attend the parent only sessions (i.e. Without any children?) | YES/NO |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Are you able to complete assessment questionnaires pre and post the program | YES/NO |

Please return to: anne.nunn@optusnet.com.au by Monday 15th January 2018

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