



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 Other home-based care

Childhood experience of adoption Childhood experience of permanent care

Other (please specify).....

Professional (working in sector) Agency/Organisation name

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/>