



## 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/>