

**Spectrum Speech Pathology Social Skills Programme  
Application Form**

SEP 10

Please complete **all sections** of the Application Form.

Circle the preferred program	<u>Week 1</u> - 20 <sup>th</sup> to 23 <sup>rd</sup> Sep Moonee Ponds	<u>Week 2</u> - 27 <sup>th</sup> to 30 <sup>th</sup> Sep Ashwood
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**SECTION A**

Child's Name:		Age:	DOB:
Address:			Post Code:
Mum / Dad (Print Name)		Email address:	
Home Phone:		Mobile Phone:	
Has your child attended our Jun Social Skills Program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'Yes' fill in Section B & D only		Does your child receive therapy from Spectrum? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION B**

<b>Payment for the program by (please tick one):</b> <input type="checkbox"/> Self <input type="checkbox"/> Funding Agency    Name of Agency .....																				
<b>Deposit enclosed:</b> <b>Cheque</b> <input type="checkbox"/> <b>Money Order</b> <input type="checkbox"/> <b>Credit Card</b> <input type="checkbox"/> (Please complete form)																				
Please charge my <input type="checkbox"/> Visa card <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard																				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																				Card #
Expiry Date: ___ / ___	Amount \$ _____																			
Cardholder name _____    Cardholder's Signature _____																				
<b>Note:</b> * <b>Important</b> If the program is being paid for by some one other than yourself, eg. a Funding Body / Institution, it is your responsibility to ensure we receive full payment or a service authorisation letter From the agency <b>before the 1st day of the program. Please check program cost.</b>  * If payment is being made privately please ensure all accounts are settled <b>before</b> the 1st day of the program. We accept cash, cheque & major cards at our clinics or by phone (cards only). <b>Please Note: Our therapists are unable to receive / process payments on the program days.</b>  * This form (or a copy) filled in, with the deposit is a <b>prerequisite</b> for us to process the application. Applications cannot be made via the phone or email.  * This program does not qualify for a rebate via the Medicare Enhanced Primary Care Program.																				

Applications close 8<sup>th</sup> Sep 2010

Please return completed forms with a \$30 deposit to  
P.O. Box 1016 Ashwood Vic. 3147

Signature:	Mum / Dad	Date:
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**SECTION C**

Please ensure that all sections are completed.

<b>Diagnosis:</b>	
<b>School:</b>	<b>Current Grade:</b>
<b>Integration Aide:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of integration support hours.</b>
<b>Does your child have any significant behavioural issues?</b> If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has your child had any recent speech and language or cognitive assessments</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please attach copies.	
<b>What are your child's special interests?</b>	
<b>What skills would you like your child to learn in this group?</b>	
<b>Does your child have any allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	

**SECTION D**

<b>If you would like a copy of your child's Social Skills Report to be forwarded to your paediatrician please complete the following:</b>	
<b>Child's Name:</b>	
<b>Paediatrician:</b>	
<b>Address:</b>	
<b>Parent Signature:</b>	<b>Date:</b>