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|  | **Tasmanian Health Service**Child Health and Parenting Service Contact: Wetaway ProgramPhone: 1300 064 544 Email: chapsadminsouth@ths.tas.gov.au |

# The Child Health and Parenting Service - Contact Form for Wetaway Program

Please complete the details and email to: chapsadminsouth@ths.tas.gov.au

## Contact Details (please ☑ as appropriate)

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| Name of Child (please print): |       | Date of Birth: | DD/MM/YYYY |
| Address: |       | Suburb: |       |
| Post Code: |      | School (optional): |       |
| Name of Parent/Guardian: |       |
| Address ( [ ]  as above ): |       | Post Code: |      |
| Telephone Number Home: | (  ) |       | Work: | (  ) |       |
| Mobile: |       | Email Address: |       |
| Own Transport:  | [ ]  Yes [ ]  No |
| How did you find out about the program? |       |

## Comments

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| --- |
|       |
| Date form filled out: | DD/MM/YYYY |
| Permission is given for this information to be passed onto Wetaway team? | [ ]  Yes [ ]  No |

## Section to be completed by staff of Child Health and Parenting Service – OFFICE USE ONLY

|  |  |
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| Patient Identifier (child): |       |
| Source of Referral: |       |
| Contact – Date: | DD/MM/YYYY | Time: |       |

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| Intake Officer (please print): |       | Designation: |       |
| Signature: |       | Date: |       |