



# FRIENDS OF BRAIN INJURED CHILDREN INC REGISTRATION FORM

SHOUT Office, Collett Place, PEARCE ACT 2607 - PO BOX 717 MAWSON ACT 2607 - 6290 1984  
ABN: 45 110 116 611 - EMAIL: [fbiact@shout.org.au](mailto:fbiact@shout.org.au) – WEBSITE: [www.fbic.org.au](http://www.fbic.org.au)

**2014/15**

**If you are caring for a child with a brain injury, and you're interested in applying for an FBIC grant/sponsorship to subsidise your child's therapy costs, please fill out the registration form below.**

NAME OF CHILD:

FAMILY:.....GIVEN:.....

CHILD'S AGE: .....DOB: .....

MOTHER'S NAME: .....

FATHER'S NAME: .....

EMAIL ADDRESS/ES:.....

WHO IS MAKING THE APPLICATION? .....

ARE YOU THE PRIMARY CARER FOR THE CHILD? .....

ADDRESS OF CHILD:.....

SUBURB/TOWN:.....STATE:.....POSTCODE:.....

CONTACT DETAILS OF APPLICANT (INCLUDE ADDRESS IF DIFFERENT FROM CHILD'S):

ADDRESS:.....

PHONE (H):.....(W).....(M).....

EMAIL ADDRESS/ES:.....



**BRIEF DESCRIPTION OF THE CHILD'S THERAPY NEEDS:**

.....  
.....  
.....  
.....  
.....  
.....

**OTHER KEY INFORMATION ABOUT THE CHILD'S FAMILY, e.g. SIBLINGS, OTHER KEY CARERS, CIRCUMSTANCES WE NEED TO KNOW ABOUT:**

.....  
.....  
.....  
.....  
.....

**FAMILY BANK ACCOUNT DETAILS: For the purpose of reimbursement of therapies.**

**ACCOUNT NAME:** ..... **BANK:** .....

**BSB:** ..... **ACCOUNT NUMBER:** .....

**Do you give permission for your child's photo to be taken, published or used in media material or on the FBIC website?**

**ALL REGISTERED FAMILIES WILL RECEIVE AN FBIC NEWSLETTER**

**How do you wish to receive the newsletter?** Post  Email

I apply for family registration with FBIC for the financial year beginning on 1 July 2014.

\_\_\_\_\_  
(signature of applicant)

DATE: \_\_\_\_\_

**All information on this form will be kept in confidence**  
**Welcome to Friends of Brain Injured Children, we appreciate your support.**



# APPLICATION FOR FAMILY REGISTRATION FRIENDS OF BRAIN INJURED CHILDREN (ACT) INC.

I, .....  
(full name of applicant)

of .....  
(address)

.....

.....  
(occupation)

apply to become a registered family of the Association. If I am admitted as a registered family, I agree to be bound by the rules of the association.

.....  
(signature of applicant) (date)

I, .....  
(full name of proposer)

a member of the association, nominate the applicant, who is personally known to me, for family registration with the Association.

.....  
(signature of proposer) (date)

I, .....  
(full name of seconder)

a member of the Association, second the nomination of the applicant, who is personally known to me, for family registration with the association.

.....  
(signature of seconder) (date)

**Thank you for your time providing us with this information, please post back to the  
FBIC Office, marked Attention: Mandy Hudson**

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