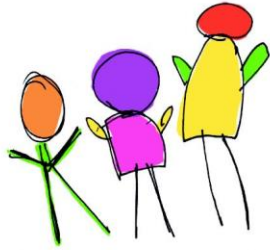


FRIENDS OF BRAIN INJURED CHILDREN INC REGISTRATION FORM



Friends of Brain Injured Children

EMAIL: fbiact@shout.org.au WEBSITE: www.fbic.org.au

2015/16

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.

CHILD: FAMILY NAME: GIVEN NAME:

CHILD'S AGE:DOB:

ADDRESS:.....

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

FAMILY: MOTHER'S NAME:

FATHER'S NAME:

EMAIL ADDRESS/ES:.....

WHO IS MAKING THE APPLICATION?

ARE YOU THE PRIMARY CARER FOR THE CHILD?

CONTACT DETAILS FOR APPLICANT (IF DIFFERENT FROM CHILD'S):

ADDRESS:.....

.....

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



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 2015.

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