

DEPENDENTS DETAILS

Number of dependent children:

CHILD 1

First Name: *
Relationship to client: *
Date of birth: *
Assigned sex at birth: *
Address (if different from client):
Country of birth: *
Indigenous status: *
Disability: *
Current school level: *
Current CP Involvement: *

Last Name: *

Age: *
Gender Identity: *

CALD: *
Please specify:
Attendance: *

CHILD 2

First Name: *
Relationship to client: *
Date of birth: *
Assigned sex at birth: *
Address (if different from client):
Country of birth: *
Indigenous status: *
Disability: *
Current school level: *
Current CP Involvement: *

Last Name: *

Age: *
Gender Identity: *

CALD: *
Please specify:
Attendance: *

CHILD 3

First Name: *
Relationship to client: *
Date of birth: *
Assigned sex at birth: *
Address (if different from client):
Country of birth: *
Indigenous status: *
Disability: *
Current school level: *
Current CP Involvement: *

Last Name: *

Age: *
Gender Identity: *

CALD: *
Please specify:
Attendance: *

CHILD 4

First Name: *
Relationship to client: *
Date of birth: *
Assigned sex at birth: *
Address (if different from client):
Country of birth: *
Indigenous status: *
Disability: *
Current school level: *
Current CP Involvement: *

Last Name: *

Age: *
Gender Identity: *

CALD: *
Please specify:
Attendance: *

To include additional dependents, please attach **Extra Dependents Form** available from:

<https://southsafe.com.au/bayside-peninsula-flexible-support-packages/>