Cultural Connections Retreat

Expression of interest form

Personal details

Email:

Full Name:

Mobile Number:

Residential Address:

Postcode:

Age: Gender:

Are you Aboriginal and/or Torres Strait Islander?

Caring Role

Are you:

☐ A kinship carer
☐ A permanent carer
☐ A foster carer
☐ Other: _____

How many children do you currently provide home-based care for (excluding biological children)?

Are any of the children or young people in your care Aboriginal and/or Torres Strait Islander?

☐ Yes
☐ No

How long have you been a carer for?

Which agency are you with?

Do you have care arrangements for children while you attend the retreat?

Why are you wanting to attend the retreat?