



RESPIRE PREFERENCE REQUEST FORM

Preference Request form

Contract Period from: _____ **to:** _____

Name: _____ **Surname:** _____

Are there any specific date/s you are requesting respite for during this time period?
(E.g. wedding, holiday, etc)

1st Preferred Date/s: From: _____ To: _____

2nd Preferred Date/s: From: _____ To: _____

3rd Preferred Date/s: From: _____ To: _____

Please Note: All attempts are made to allocate clients into respite on the requested dates given above, but due to the needs of all our families this is not always possible. If this situation should arise, are there any dates in this contract period that are NOT possible for you to attend respite?

From: _____ To: _____

From: _____ To: _____

Have you made friends at respite that you would like to attend respite with?

1st Friends Full Name: _____

2nd Friends Full Name: _____

3rd Friends Full Name: _____

Do you have a day placement you attend while in respite? Yes No
Which days do you regularly attend your day placement? (Please circle)

Monday Tuesday Wednesday Thursday Friday

Please return this application form by:

Signed:

Date:

Please return this form to:
Respite Coordinator
PO Box 2501
NORTH PARRAMATTA 1750
email: admin@flintwood.org.au