

## 24 HOUR CHILD CARE

A family can apply for 24 hour child care in a Child Care Benefit approved child care service (excluding occasional care services) when because of **work-related commitments** or **exceptional circumstances** neither parent (nor the single parent) is available to care for the child for a period of 24 hours.

The service has the discretion to approve up to 14 periods of 24 hour care for a child in a financial year (e.g. 1 July 2012 – 30 June 2013). An individual application is required for each occurrence of 24 hour care.

In order to approve applications the following is required:

- dates and times that you will be requiring 24 hour care
- the reason why care is required
- a copy of roster for shift work
- a statutory declaration, work roster or medical letter to support your claim

Please allow up to three business days for processing.

### Family details

Family name .....  
 Given names .....  
 Home address .....  
 ..... Postcode .....  
 Contact telephone number .....  
 Name of Educator .....

### Child details

	Family Name	Given Name	CRN
Child 1	.....	.....	.....
Child 2	.....	.....	.....
Child 3	.....	.....	.....
Child 4	.....	.....	.....

*If 24 hour child care is being sought for more than four children, please attach a separate sheet with the above details.*

## Care required

Please provide detailed information **and supporting documentation (ie statutory declaration or medical certificate)** about the reason(s) 24 hour care is required, please attach a separate sheet if insufficient space.

☐ Statutory Declaration ☐ Work Roster ☐ Medical

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## 24 hour care periods required

Please provide information about the number of 24 hour care periods required (covered by this application) and dates;

Number of periods required: .....

Dates:	from	/	/	to	/	/	Times:	From	To
	from	/	/	to	/	/		From	To
	from	/	/	to	/	/		From	To

## Parent statement

- I declare that the information I have provided on this form is correct to the best of my knowledge.

Signature ..... Date    /    /

## Service to complete

Date received    /    /

Approved ☐ Yes ☐ No

Reason

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Manager (or representative) signature ..... Date    /    /

Previous applications .....

Review date ..... / ..... / .....