

Expression of Interest to attend a SNUG Retreat
(Parent/guardian OR referrer to complete - please print)

CONFIDENTIAL

Parent/guardian name for contact:

Address:

Phone:

Mobile:

Email:

Child's name:

Sex:

Age and DOB:

Health concern or Diagnosis:

Sibling's name:

Sex:

Age and DOB:

Health concern or Diagnosis (if any):

Sibling's name:

Sex:

Age and DOB:

Health concern or Diagnosis (if any):

Please note – if there are more than 3 children please add details on the back or another sheet – thank you.

Brief overview of why you would like your/this family to attend the SNUG retreat:

Please tell us how you heard about SNUG (OR name of referrer and/or referring agency):

Please return this form to snug@newcastle.edu.au or mail to:

SNUG Program Coordinator
Family Action Centre
The University of Newcastle
CALLAGHAN NSW 2308
Phone: 02 4921 6832 or 02 4921 7925

The SNUG program coordinator will contact you shortly upon receipt of the completed form