

## Permanent Care Inquiry Form

Information required	Applicant 1	Applicant 2
Name		
Date of birth		
Gender		
Address		
Email address		
Phone number		
Mobile number		
Australian citizen or permanent resident		
Place of birth		
Current occupation		
Relationship status		

We will notify you when an information night is to be held for the permanent care program. If you have any questions, please email the permanent care team [adoppermcare@cafs.org.au](mailto:adoppermcare@cafs.org.au)