

Include Me.

Child and Family
Inclusion Programs.

Supporting Children with Additional Needs (SCAN) Program

Service Profile Form

Service Details

Service Name:					
Address:					
Mailing address (if different):					
Phone:			Fax:		
Email:					
ABN Number:			Registered for GST yes <input type="checkbox"/> no <input type="checkbox"/>		
Name of Authorised Supervisor:					
Licensed Number of Places:					
Days and hours of operation					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Weeks of operation		Term 1	Term 2	Term 3	Term 4
Start date					
End date					
No. weeks per term					

Account Details

Name of financial institution	
Branch address	
Account name	
Account number	
BSB number	

Certification (This section must be signed by two members of the Management Committee)

On behalf of the Management Committee we certify all information provided on this form is correct

Print Name _____ Print Name _____

Signature _____ Signature _____

Position _____ Position _____

Date _____ Date _____