# Application Form

Full Name of Student: _____ Preferred Name: _____

Date of Birth: _____ dd / mm / yyyy Age: _____

Gender: _____ School Year Level: _____

Current School: _____

Name of Primary Carer / Guardian / Caseworker:

Relationship to Child: _____ Organization (If Applicable): _____

Phone Number: _____ Email Address: _____

Postal Address: _____

## REFERRAL TYPE

Referral Type

- [ ] Self/Family Referral
- [ ] DCJ/Agency Referral
- [ ] School Referral
- [ ] Therapeutic Professional Referral

Other (Please Specify)

## TUITION NEEDS

Tuition Needs

- [ ] Literacy
- [ ] Numeracy
- [ ] Study Skills
- [ ] Executive Functioning / Organization
- [ ] Social-Emotional Learning
- [ ] School Engagement Support
- [ ] Other

Other Tuition Needs (Please Specify)

What Are the Desired Outcomes of This Tuition?

Has the Child Experienced Recent Changes, Stress, or Trauma?

◯ Yes ◯ No ◯ Prefer not to say

**Are There Any Behaviors, Triggers, or Sensitivities the Tutor Should Be Aware of?**

**Preferred Learning Environment**

- ☐ One-on-one
- ☐ Small group
- ☐ In-home
- ☐ Online
- ☐ Other

**Other Preferred Learning Environment (Please Specify)**

**Preferred Days/Times for Tuition**

Does the Child Require Transport Assistance?

◯ Yes ◯ No

**Name:** _____ **Role:** _____

**Organization:** _____ **Phone/Email:** _____

## CONSENT & ACKNOWLEDGEMENT

- ☐ I acknowledge that this application is true and accurate to the best of my knowledge.
- ☐ I give consent for Tender Tides Tutors to collaborate with professionals named above to support the student.
- ☐ I understand this tuition is trauma-informed and prioritizes the child's safety, well-being, and emotional regulation.

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Signature

**Name:** _____ **Date:** _____ dd / mm / yyyy

**Application Received:** _____ **Approved By:** _____

**Assigned Tutor:** _____ **Start Date:** _____ dd / mm / yyyy

**Notes**