



## EXPRESSION OF INTEREST: HOST SERVICE

Name of Service/Organisation							
Service/Organisation Contact Person							
PSCQ Membership Number							
Service Type		<input type="checkbox"/> Long Day Care	<input type="checkbox"/> In-home Care	<input type="checkbox"/> OSHC			
		<input type="checkbox"/> Occasional Care	<input type="checkbox"/> FDC	<input type="checkbox"/> Other			
Key Learning Goals (tick as many)		<input type="checkbox"/> PBC play based curriculum	<input type="checkbox"/> MAN management				
		<input type="checkbox"/> QF quality framework	<input type="checkbox"/> RP relationships & partnerships				
		<input type="checkbox"/> LED leadership	<input type="checkbox"/> INC inclusion				
Postal Address							
Town/Suburb				Postcode			
E-mail							
Phone				Fax			

### PLEASE PROVIDE SOME GENERAL INFORMATION ABOUT YOUR SERVICE

1. Please provide a brief outline of your service (e.g. How many children, number of rooms, age groupings, how many staff, qualifications of staff, how long has the service been operating and any other information you think may be interesting for a participant to know about your service).

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2. What are the key learning goals that you would share with the exchange participants?

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3. Please identify any time during the year that your service will be unable to host a participant in the program (e.g. staff holidays, accreditation, school holidays).

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Indicate the areas/positions in your service/organisation you would be happy for a participant to visit.

- Director/Coordinator     
  Play rooms (group leader/assistant)     
  Administration  
 Care Environments (FDC, IHC)     
  Cook     
  Other \_\_\_\_\_

Thank you for supporting this exciting program

Please return completed form to: [pscq@workforce.org.au](mailto:pscq@workforce.org.au)