



**Tasmanian Health Service**

CHILD HEALTH AND PARENTING SERVICE  
 Contact: Wetaway Program  
 Phone: 1300 064 544  
 Email: [chapsadminsouth@ths.tas.gov.au](mailto:chapsadminsouth@ths.tas.gov.au)



**The Child Health and Parenting Service - Contact Form for Wetaway Program**

Please complete the details and email to: [chapsadminsouth@ths.tas.gov.au](mailto:chapsadminsouth@ths.tas.gov.au)

**Contact Details**

(please  as appropriate)

Name of Child (please print):		Date of Birth:	
Address:		Suburb:	
Post Code:	School (optional):		
Name of Parent/Guardian:			
Address ( <input type="checkbox"/> as above ):		Post Code:	
Telephone Number Home:	( )	Work:	( )
Mobile:	Email Address:		
Own Transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about the program?			

**Comments**

Date form filled out:	
Permission is given for this information to be passed onto Wetaway team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section to be completed by staff of Child Health and Parenting Service – OFFICE USE ONLY**

Patient Identifier (child):			
Source of Referral:			
Contact – Date:	DD/MM/YYYY	Time:	

Intake Officer* (please print):			Designation:	
Signature:			Date:	