

SunSmart Early Childhood Program Application Form

Name of service: _____

Management name (if different to service): _____

Management type (community, council, private, corporate) : _____

Service type (long day care, pre-school, etc) : _____

Street address: _____ Postcode: _____

Tick if postal address is the same: YES

Postal address (if different): _____

Telephone: _____

Fax: _____

Email: _____

Contact name: _____ Position: _____

Number of children service is licensed for: _____

Does your service have children under 12 months? YES NO

Does the service organise excursions? YES NO

Hours of operation : _____

Fax, email or post this completed application form AND sun protection policy to:

f: (02) 8302 3529

e: sunsmartchildcare@nswcc.org.au

p: (02) 9334 1761

SunSmart Program Co-ordinator

Cancer Council NSW PO Box 572 Kings Cross NSW 1340

www.cancercouncil.com.au/sunsmart