

Application Form  
**Post Intervention Therapy (PIT) Funding**  
(All items MUST be completed or forms will be return)



RCH MRN: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Indigenous status      Torres Strait Islander      Not Indigenous      Unsure      Aboriginal

Living Arrangements :      Private home      Supported housing      Short term  
Other

Carer      Co-resident carer      Non-resident carer      No carer      not stated

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CP Diagnosis      Diplegia      Quadriplegia      Hemiplegia  
Other

Other Health Factors:  
(e.g Social issues, communication/  
behavioural/learning difficulties)

GMFCS      Usual FMS      Current FMS

Surgery Type: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Treating Hospital: \_\_\_\_\_

**PIT HOUR REQUEST**

PIT hours requested - \_\_\_\_\_ hours over \_\_\_\_\_ months (NB: PIT is funded in 3month blocks with a maximum rate of \$150/hr)

Please list goals of how PIT funding will be used:

**PHYSIOTHERAPIST TO PROVIDE PIT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ ABN: \_\_\_\_\_

AHPRA Number: \_\_\_\_\_ Working With Childrens Check Number: \_\_\_\_\_

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Print Name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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**OFFICE USE:**      Date received      Category:

Hours Approved:      Over      months      Total \$:

Signature: \_\_\_\_\_

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**Please return to:**

PIT Coordinator | Physiotherapy Department | The Royal Children's Hospital | 50 Flemington road, Parkville VIC 3052 Tel: 03 9345 9300 Fax: 03 9345 5034