



KARITANE PARENTING CONFIDENCE SCALE REGISTRATION FORM

Thankyou for your interest in the Karitane Parenting Confidence Scale (KPCS)

Persons or organisations registering to use the KPCS will be provided with the KPCS Package including KPCS Manual, KPCS Master Copy and KPCS Data Collection Excel spreadsheet.

Please complete the following:

Name: _____

Position: _____

Organisation / Area Health Service: _____

Mailing Address: _____ (Post Code) _____

Telephone: _____ Mobile: _____

Email: _____

Please tick beside the appropriate response:

This registration is for use by:

Individual Organisation / Area Health Service (*please specify*) _____

Intended Purpose of Use

Clinical Evaluation (*please specify*) _____

Research (*please specify*) _____

Other (*please specify*) _____

I heard about the KPCS through:

Karitane Website

Conference

Colleagues

Journal article

Other (*please specify*): _____

I / Our organisation understand that after registering to use the KPCS, Karitane will send me further information inviting me/my organisation to participate in the collection of scale normative data.

YES

NO

Please send updates and further information about the Karitane Parenting Confidence Scale to:

As Above

Please complete details below to provide alternative contact for updates

Name: _____ Position: _____

Organisation / Area Health Service: _____

Address: _____ (Post Code) _____

Email: _____

Please return this form to:

Karitane Education Department: PO Box 241 Villawood 2163 Fax 02 97942323
enquirieskfc@sswahs.nsw.gov.au