



My name is \_\_\_\_\_

I am \_\_\_\_\_ years old

**LOCHI Colouring Competition**

Child's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please return this slip with your child's entry to -

Lauren Webb  
NAL  
126 Greville Street  
Chatswood NSW 2067

By returning the colouring page I understand that I am giving consent for the picture and my child's first name and age to be published on the LOCHI website ([www.outcomes.nal.gov.au](http://www.outcomes.nal.gov.au)).

**LOCHI Change of Details**

Child's name \_\_\_\_\_

Child's new name \_\_\_\_\_

New address \_\_\_\_\_

New phone number \_\_\_\_\_

Current early intervention agencies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cochlear implant switch on date 1st switch on \_\_\_\_\_ 2<sup>nd</sup> switch on \_\_\_\_\_



Please return to -  
Lauren Webb  
NAL  
126 Greville Street  
Chatswood NSW 2067

Other changes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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