

**ADULT PERSONAL INFORMATION:**

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

**OR**

Pseudonym: \_\_\_\_\_

\* Date of Birth: 

\* Gender

 Male  Female  \_\_\_\_\_

Residential Information:

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

\* Suburb: \* Postcode: 

I consent to the collection and storage of my and my family's personal and sensitive information by Carclew/AnglicareSA and that my personal information will be entered on to the DSS Data Exchange system.

I understand that if I give my consent after the commencement of the activity, Carclew/AnglicareSA will enter my personal information into the DSS Data Exchange for the whole of the activity.  Yes  No

Do you consent to being contacted by AnglicareSA or DSS at a later date to participate in follow-up, evaluation and/or research purposes?  Yes  No

I understand that I can withdraw my consent at any time.

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

(Typing your name is equal to signature)

Today's Date: \_\_\_\_\_

Contact Details:

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive regular information emails on local events, activities, programs and services relevant to children aged 0-12 and their families?  Yes  No

**DEMOGRAPHIC INFORMATION:**

\* Are you of Aboriginal or Torres Strait Islander origin?

 No  Torres Strait Islander  
 Both  Aboriginal

\* Country of Birth: \_\_\_\_\_

\* What is the main language you speak at home?

 English  
 Other, please specify: \_\_\_\_\_

Date of First Arrival in Australia (if applicable)

Migration Visa Category (if applicable)

 Humanitarian  
 Family  
 Skilled  
 Other
\* Do you identify as having any of the following disabilities:  Yes  No
 Intellectual  Learning  Psychiatric  
 Sensory:  Visual  Hearing  
 Speech  Physical / Diverse  
 Other: \_\_\_\_\_

Household Composition

 Undisclosed  
 Single (person living alone)  
 Sole parent with dependant(s)  
 Couple  
 Couple with dependant(s)  
 Group (related adults)  
 Group (unrelated adults)

Main Source of Income

 No Income  
 Paid Employment / Business Income  
 Private Savings (savings, investments, superannuation)  
 Income from Family and Friends  
 Government Income Support  
 Other

## Voluntary Self-Assessment – Circumstances - Please rate 1-5 if you would like information in these areas

1 = Needs urgent attention

2 = Some attention required

3 = Neutral

4 = In a good position

5 = Excellent no assistance required

	Rating		Rating
Physical Health		Community Networks	
Mental Health		Personal and Family Safety	
Age Appropriate Development of children		Managing Money	
Housing		Employment	

### INFORMATION ABOUT YOUR CHILDREN (Only Children Attending Programs)

PERSONAL INFORMATION:	Child 1	Child 2	Child 3
*First name			
*Last name			
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed
*Date of Birth			
*Main Place of Residence	<input type="checkbox"/> Same as Parent/Carer (1) Other Suburb: _____	<input type="checkbox"/> Same as Parent/Carer (1) Other Suburb: _____	<input type="checkbox"/> Same as Parent/Carer (1) Other Suburb: _____
Is this child of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____	<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____	<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____
Language if not English			
Disability (Tick all that apply)	<input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory / Speech <input type="checkbox"/> Physical / Diverse <input type="checkbox"/> No	<input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory / Speech <input type="checkbox"/> Physical / Diverse <input type="checkbox"/> No	<input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory / Speech <input type="checkbox"/> Physical / Diverse <input type="checkbox"/> No
Adult Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Related Carer <input type="checkbox"/> Non-related Carer <input type="checkbox"/> Client Worker <input type="checkbox"/> Sibling 18 + <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Related Carer <input type="checkbox"/> Non-related Carer <input type="checkbox"/> Client Worker <input type="checkbox"/> Sibling 18 + <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Related Carer <input type="checkbox"/> Non-related Carer <input type="checkbox"/> Client Worker <input type="checkbox"/> Sibling 18 + <input type="checkbox"/> Other

Thank you for completing this form, the information that you provide on this form includes your personal and sensitive information. Your personal information is protected by law, through strict practices that obey the requirements of the Commonwealth Privacy Act 1988 and the Australian Privacy Principles. For more information about how Carclew Stage Sparks and AnglicareSA handle your personal and sensitive information you can see our Privacy Policy at <http://anglicaresa.com.au/wp-content/uploads/Privacy-Policy-2015.pdf>.

As part of the services provided to you by Carclew Stage Sparks/AnglicareSA, we are required to collect some information about you to assist the Australian Government Department of Social Services (DSS) to make decisions about funding services within your area. Your personal information (with your consent) is entered by AnglicareSA and is collected and stored on the DSS Data Exchange in a de-identified format e.g. DSS would see - John Smith, a male born on 14<sup>th</sup> February 1971 as **MIHOH140219711** only. You can find more information about the way the Department of Social Services manages personal and demographic information, including information about accessing and correcting information held on the DSS Data Exchange and making privacy complaints at [www.dss.gov.au](http://www.dss.gov.au).