

Participant Details Form

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 Host Organisation/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, host organisation/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 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 CFC Funded Activity Name/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 14th 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.