

# Participant Details Form – Stage Sparks

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 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).

## PARENT/GUARDIAN INFORMATION:

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

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

**OR**

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

Date of Birth:  /

Gender:

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

Residential Information:

Address:

Suburb:

Postcode:

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

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

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

Today's Date:

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

Are you of Aboriginal or Torres Strait Islander origin?

- Aboriginal  Torres Strait Islander  
 Both  No

What is your Country of Birth if not Australia?

Date of First Arrival in Australia (if applicable)

What is the main language spoken at home if not English?

Do you identify as having any of the following disabilities?

- Intellectual  Learning  Psychiatric  
 Autism  Asperger  ADHD / ADD  
 Speech  Vision  Hearing  
 Physical  Epilepsy  
 Other: \_\_\_\_\_

Are you eligible or receiving NDIS support?

- N/A  NDIS in-progress  
 NDIS Eligible  NDIS Ineligible

Are you a Carer of a person with additional needs?

- Yes  No

**PARENT/GUARDIAN INFORMATION CONTINUED:**

What is your Household Composition?

- Undisclosed
- Couple
- Couple with dependant(s)
- Sole parent with dependant(s)
- Single (person living alone)
- Group (related adults)
- Group (unrelated adults)
- Homeless / No Household
- At risk of Homelessness

What is your Main Source of Income?

- Nil Income
- Employee salary / wages
- Self Employed
- Other Income
- Government payment / pension / allowance

Would you like to receive regular information emails from Communities for Children on local events, activities, programs, and services relevant to children aged 0-12 and their families?

Your Contact Details:

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

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

**VOLUNTARY SELF ASSESSMENT**

**Circumstances - Please rate 1-5**

**1 = Needs urgent attention   2 = Some attention required   3 = Neutral   4 = In a good position   5 = Excellent no assistance required**

	Rating		Rating		Rating
Physical Health		Mental Health		Personal and Family Safety	
Age-Appropriate Development of children		Community Networks		Family Functioning	
Managing Money		Employment		Education & Skills Training	
Material Wellbeing		Housing			

Any other comments you would like to feed back?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program/activity:



## INFORMATION ABOUT YOUR CHILDREN

Children's Details (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"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	/ /	/ /	/ /
Main Place of Residence (if different to Parent/Carer)	Suburb: _____	Suburb: _____	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 if not Australia			
Date of Arrival in Australia (if applicable)			
Language if not English			
Disability (Tick / Circle all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____
Is the child eligible for or receiving NDIS support?	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible
Is the child a carer for a person with additional needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <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"/> 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"/> 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"/> Sibling 18 + <input type="checkbox"/> Other _____

## INFORMATION ABOUT YOUR CHILDREN / ADDITIONAL FAMILY MEMBERS

Children's Details (Only Children Attending Programs)			
PERSONAL INFORMATION:	Child 4	Child 5	Adult Family Member
First name			
Last name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	/ /	/ /	/ /
Main Place of Residence (if different to Parent/Carer)	Suburb: _____	Suburb: _____	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 if not Australia			
Date of Arrival in Australia (if applicable)			
Language if not English			
Disability (Tick / Circle all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Intellectual / Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Autism / Asperger <input type="checkbox"/> ADHD / ADD <input type="checkbox"/> Speech <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Physical / Epilepsy <input type="checkbox"/> Other _____
Is the child eligible for or receiving NDIS support?	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible	<input type="checkbox"/> N/A <input type="checkbox"/> NDIS in-progress <input type="checkbox"/> NDIS Eligible <input type="checkbox"/> NDIS Ineligible
Is the child a carer for a person with additional needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <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"/> 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"/> 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"/> Sibling 18 + <input type="checkbox"/> Other _____