	For Centre Staff Completion	Registration Date				Client File	Client File Number/ID		
		Consent to Audit?				Yes		No Womon's	non's
C	CLIENT G	RO	JP REGIS	STF	RAT	ION	FOR	women's M health	
Tit	le 🗌 Ms	Miss	☐ Mrs ☐ C	Child		Other (plea	se specify)		
Giv	ven Name				Last Na	ıme			
Da	te of Birth /	1							
Мє	edicare No N/A	1	Person No		Bene	fit Card No).	N/A	
Ex	piry Date: N/A				Expiry I	Date:		(mm/yy)	
	If necessary, c		ontact you at bel mail? Please spe		ddress	, numbe	rs or	Yes / No	
Str	reet Address		man : 1 lease spe	City					
То	wn / Suburb				State	NSW	Postco	ode 2795	
Tel	ephone Home:			Pare	nt/Carer o	details (who	ere applicab	ole):	
	Work:			Nam	e:				
	Mobile:			Rela	tionship:		Pho	one:	
En	nail:								
In a	an emergency, who	can we co	ntact? Name			i	Phone No.		
Th	eir relationship to you	ı?							
Wł	nat country were you	born in?							
Wł	nat country have you	lived in fo	or most of your life?						
Are you Aboriginal / Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Is ☐ No									
Wł	nat is your cultural ba	ckground	?	or (Other			(please specify)
Wł	nat language do you	prefer to s	speak? English	or (Other			(please speci	fy)
Do you need an interpreter?					☐ Yes			□ No	
If "	Yes", for what langua	age?							
Wh	nat is your financial situ	ation?	☐ Student ☐ Pe	ension/l	Benefit	□ No Ind	come \Box C	Other Income Employe	d
If "	Employed", on what	basis?			Casual		☐ Part time	e □ Full time	
Do	you consider yourse	elf?	☐ Heterosexual		Bisexual		□ Lesbian	☐ Other	_
Do	you have a disability	or suffer	from a long-term hea	lth pro	blem?		□ Yes	□ No	
If "	Yes", what kind of dis	sability or	long-term health prob	lem?					
Но	w did you hear abou	t our Cen	tre? Professiona	al / Org	anisation	(please spe	ecify)	Websites	

For Centre Staff	Data Entry Date	Data Entry By

☐ Other (please specify)

☐ Friend / Associate / Relative

 \square Centre Flyer / Pamphlet

 \square Newspaper / Magazine

□ Ours

☐ Women's HIth NSW

 \square Other (please specify)

- Central West Women's Health Centre Inc. is bound by Policies, Code of Conduct for Unregistered Health
 Practitioners (Public Health Regulation 2012 NSW), the Australian Privacy Principles, Privacy Act 1988 and the
 Privacy Amendment (Enhancing Privacy Protection) Act 2012. If you would like a copy of our Privacy Policy
 please ask at reception.
- 2. The information that we collect about you is regarded as personal information and some details are regarded as sensitive information therefore attracting particular obligations in respect of collection, security and disclosure.

The purpose for collecting the information is to enable our practitioner/s to gain a better understanding of your background and therefore assist us to work more effectively together. The Centre also collates de-identified (ie. you cannot be identified) data for reporting and funding purposes. The Centre may also keep you informed of other activities (eg. a particular group) that you may like to participate in.

While the supply of the requested information by you is voluntary, if you cannot provide or do not wish to provide the information sought, this may affect the effectiveness of our working relationship.

Any information collected about you will be stored in a secure environment and will not be used for any purpose other than that which is indicated above. If the Centre wishes to use information about you for any other purpose, we will seek consent from you for that purpose. No third party will have access to this information without your consent.

You have a right to access the information concerning yourself for the purpose of amendment or correction, in accordance with the relevant procedures under the Act.

- 3. If any of your personal information that we have collected changes (eg. your address or phone number) please advise us at your earliest convenience.
- Client files are randomly selected for auditing purposes to ensure our practitioners are meeting the required standards for record keeping. To provide us with permission to audit your file, please tick below.

		No	Yes					
I consent to my file being made available for Centre audi	ting purposes							
I have received Rights & Responsibilities Brochure								
I have read and understood all of the above information								
Group you are enrolling in								
Session Starting Date//_ Payment Date//_ □Cash □Cheque □ Direct Transfer								
Do you have any food intolerances/special requirements?								
Preferred Name								
Person's Name:	Signature:							
Date:/								