For Centre Staff Completion	Registration Date	Client File Number/ID
	Consent to Audit?	☐ Yes ☐ No

CLIENT GROUP REGISTRATION FORM

Title ☐ Ms ☐ Miss ☐ Mrs ☐ Child ☐ Other (*please specify*) .....

Given Name Last Name

Have you previously been known by another name?
if yes please specify

Date of Birth

Medicare No **Not required** Person No | Benefit Card No. **Not required for group rego**

Expiry Date: **Not required** | Expiry Date: ☐☐ / ☐☐☐☐ (mm/yy)

If necessary, can we contact you at below address, numbers or email? Please specify **Yes / No**

Street Address

Town / Suburb State **NSW** Postcode **2795**

Telephone Home:

Work:

Mobile:

Parent/Carer details (where applicable):

Name:

Relationship: Phone:

Email:

In an emergency, who can we contact? Name Phone No.

Their relationship to you?

In which country were you born?

What country have you lived in for most of your life?

Are you Aboriginal / Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Is ☐ No

What is your cultural background? ☐ Australian or Other..... (*please specify*)

What language do you prefer to speak? ☐ English or Other..... (*please specify*)

Do you need an interpreter? ☐ Yes ☐ No

If "Yes", for what language?

What is your financial situation? ☐ Student ☐ Pension/Benefit ☐ No Income ☐Other Income ☐ Employed

If "Employed", on what basis? ☐ Casual ☐ Part time ☐ Full time

Do you consider yourself? ☐ Heterosexual ☐ Bisexual ☐ Lesbian ☐ Other

Do you have a disability or suffer from a long-term health problem? ☐ Yes ☐ No

If "Yes", what kind of disability or long-term health problem?

How did you hear about our Centre?

☐ Friend / Associate / Relative

☐ Centre Flyer / Pamphlet

☐ Newspaper / Magazine

☐ Professional / Organisation (please specify)
.....

☐ Other (please specify)
.....

Websites

☐ Ours

☐ Women's Hlth NSW

☐ Other (please specify)
.....

For Centre Staff Completion	Data Entry Date	Data Entry By

1. 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.

4. 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 auditing 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: ……/……/……