

For Centre Staff Completion	Registration Date	Client File Number/ID
	Consent to Audit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# CLIENT GROUP REGISTRATION FORM



Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Child	<input type="checkbox"/> Other (please specify) .....
Given Name				Last Name	
Date of Birth	/	/	Have you ever been known by another name? If yes please specify		
Medicare No	<b>Not required</b>		Person No	Benefit Card No	<b>Not required</b>
Expiry Date	<b>Not required</b>		Expiry Date	<b>Not required</b>	
If necessary, can we contact you at the below address, numbers or email?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					
Town / Suburb		State <b>NSW</b>		Postcode <b>2795</b>	
Email:					
Add me to the CWWHC newsletter email list (usually once per term) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Telephone	Home	<b>If registering for a CHILD, please provide Parent/Carer contact:</b>			
	Work	Name			
	Mobile	Relationship		Phone	
In an emergency who can we contact? Name			Phone		
<b>Their relationship to you?</b>					
In which country were you born?		<input type="checkbox"/> Australia	<input type="checkbox"/> Other..... (please specify)		
What country have you lived in for most of your life?		<input type="checkbox"/> Australia	<input type="checkbox"/> Other ..... (please specify)		
Are you Aboriginal / Torres Strait Islander?		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> No	
What is your cultural background?		<input type="checkbox"/> Australian	<input type="checkbox"/> Other..... (please specify)		
What language do you prefer to speak?		<input type="checkbox"/> English	<input type="checkbox"/> Other..... (please specify)		
Do you need an interpreter?		<input type="checkbox"/> No	<input type="checkbox"/> Yes → If "Yes", for what language? .....		
What is your financial situation?		<input type="checkbox"/> Student	<input type="checkbox"/> Pension/Benefit	<input type="checkbox"/> No Income	<input type="checkbox"/> Other Income
If "Employed", on what basis?		<input type="checkbox"/> Casual	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	
Do you consider yourself?		<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other
Do you have a disability or suffer from a long-term health problem?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If "Yes", what kind of disability or long-term health problem? .....					
CWWHC is a Work Development Order Sponsor. Do you have any outstanding fines? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>How did you hear about our Centre?</b>				<b>Websites</b>	
<input type="checkbox"/> Professional / Organisation (please specify)				<input type="checkbox"/> Ours	
<input type="checkbox"/> Friend / Associate / Relative .....				<input type="checkbox"/> Women's Health NSW	
<input type="checkbox"/> Centre Flyer / Pamphlet				<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Newspaper / Magazine .....				.....	

For Centre Staff Completion	Form updated 08/02/2021	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	<input type="checkbox"/>	<input type="checkbox"/>
I have received Rights & Responsibilities Brochure	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understood all of the above information	<input type="checkbox"/>	<input type="checkbox"/>

**Group you are enrolling in** \_\_\_\_\_

**Starting Date** \_\_\_/\_\_\_/\_\_\_ **Payment Date** \_\_\_/\_\_\_/\_\_\_  Cash  EFTPOS  Direct Transfer

Do you have any food intolerances/special requirements? \_\_\_\_\_

Preferred Name (for name tag) \_\_\_\_\_

**Name:** ..... **Signature:** .....

**Date:** ...../...../.....