

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

CLIENT 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				Person No		Benefit Card No							
Expiry Date				/		(mm/yyyy)		Expiry Date				/ (mm/yyyy)	
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				NSW		Postcode		2795	
Email:													
Add me to the CWWHC newsletter email list (usually once per term)										<input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone				Home		If registering for a CHILD, please provide Parent/Carer contact:							
				Work								Name	
				Mobile								Relationship	
In an emergency who can we contact? Name										Phone			
Their relationship to you?													
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		<input type="checkbox"/> Employed	
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			
How did you hear about our Centre?						Websites							
<input type="checkbox"/> Friend / Associate / Relative		<input type="checkbox"/> Professional / Organisation (please specify)			<input type="checkbox"/> Ours		<input type="checkbox"/> Women's Health NSW					
<input type="checkbox"/> Centre Flyer / Pamphlet		<input type="checkbox"/> Other (please specify)			<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
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