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

Client Registration Form

CENTRAL WEST Women's Health Centre
SUPPORT FOR WOMEN & CHILDREN

Given Name		Last Name			
Preferred name (if different)					
Date of Birth	☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)				
Street Address					
Town / Suburb		State	**NSW**	Postcode	**2795**
Medicare No:	☐☐☐☐ ☐☐☐☐☐ ☐	Person No:		Expiry Date:	
Benefit Card No:		Expiry Date:			
Email address:					

Add me to the CWWHC newsletter email list (usually once per term) ☐ Yes ☐ No

Telephone Mobile	
Other	This is my: ☐ Home ☐ Work number

Can we contact you at the above address, number or email? ☐ Yes ☐ No …….. (*please specify*)

Emergency Contact	Name:		Phone:	
Their relationship to you?				

In which country were you born?	☐ Australia ☐ Other …… (*please specify*)
What country have you lived in for most of your life?	☐ Australia ☐ Other …… (*please specify*)
Are you Aboriginal / Torres Strait Islander?	☐ Aboriginal ☐ Torres Strait Islander ☐ No
What is your cultural background?	☐ Australian ☐ Other ..... (*please specify*)
What language do you prefer to speak?	☐ English ☐ Other ..... (*please specify*)
Do you need an interpreter?	☐ No ☐ Yes → If "Yes", for what language? ……
What is your primary source of income?	☐ Pension/Benefit/Student ☐ Employed ☐ Sole Trader ☐ No Income ☐ Other
If "Employed", on what basis?	☐ Casual ☐ Part time ☐ Full time
Are you	☐ Female ☐ Non-binary ☐ Transgender ☐ Intersex ☐ Prefer not to say ☐ Other ……
Are you	☐ Heterosexual (Straight) ☐ Bisexual ☐ Lesbian ☐ Prefer not to say ☐ Other ……

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

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

Are you a Carer?	☐ No ☐ Yes	Who are you caring for? ☐ Child ☐ Spouse/partner ☐ Parent ☐ Other Family Member ☐ Friend ☐ Other: ……		
CWWHC is a Work Development Order Sponsor. Do you have any outstanding fines?	☐ No ☐ Yes	Do you have an NDIS Plan?	☐ No ☐ Yes	
Do you have a Visa?	☐ No ☐ Yes Visa type: …… (*please specify*)			
Signature				
How did you hear about our Centre?	☐ Social Media ☐ Website / Google ☐ Centre Flyer / Pamphlet	☐ Professional / Organisation ☐ Newspaper / Magazine / Radio ☐ Friend / Associate / Relative	☐ Walk by ☐ Other ……	

For Centre Staff Completion	Form updated 10/12/2021	Data Entry Date:	Data Entry By