

# Client Registration Form

## - Under 18 Years

We need to ask you for some personal information, and we will ask for your written consent to store and use it at the end of this form. This is part of our legal obligations around privacy and ensuring your information is protected.

You can read our privacy policy at our website: [www.ccam.org.au](http://www.ccam.org.au) or ask our reception staff for a copy.

### Child's personal and contact details

<b>First name(s)</b>				<b>Last name</b>			
<b>Date of birth</b>	/	/		<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex
<b>Address</b>				<b>State</b>			<b>Post code</b>
	<b>Suburb</b>						
<b>Mobile</b>				<b>Other phone</b>			
<b>Email</b>							
<b>Preferred way to contact you</b>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Phone (other)	<b>Specific instructions for contacting</b>			

### Additional information

Completing this section will help us to better understand the types of clients we work with. Some of the ways in which we use this information, de-identified and combined with other information, are to plan the best ways to deliver services, support future funding applications, and advocate on behalf of the people in our community. If there are any questions you are uncomfortable with, feel free to discuss them with your practitioner.

1. General questions	2. Your origin
<b>Are there any safety issues we should know about?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details:	<b>Are you of Aboriginal or Torres Strait Islander origin?</b> <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
<b>Do you have any disabilities? (Tick all that apply)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – intellectual learning <input type="checkbox"/> Yes – physical/diverse <input type="checkbox"/> Yes – psychiatric <input type="checkbox"/> Yes – sensory/speech If yes, please provide more information:	<b>What is your ancestry/ethnicity?</b> <b>What language do you speak at home?</b> <b>Were you born in Australia?</b> <input type="checkbox"/> No – complete the rest of this section <input type="checkbox"/> Yes – go straight to the next page
<b>Do you have a Health Care Card?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>What country were you born in?</b> <b>When did you arrive in Australia?</b>
<b>Do you identify as gender and/or sexually diverse?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>What is your migration visa category?</b> <input type="checkbox"/> Humanitarian <input type="checkbox"/> Skilled <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

### Office use only

Is name a pseudonym? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is DOB estimated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes	Client No. <input type="checkbox"/> 1 <input type="checkbox"/> 2	Referral source:
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Worker name: \_\_\_\_\_ Date: / / Session fee: \_\_\_\_\_

At CatholicCare Victoria, including the Family Relationship Centre(s), we take our commitments to privacy and to quality service delivery very seriously.

## Why we collect your information

We collect personal information about you so we can, among other things,

- Provide you with services,
- Meet our funding body requirements,
- Tailor the services we deliver,
- Meet our legal obligations, and
- Plan for the future.

## What we collect

The information we collect includes your name, date of birth, contact details, gender, cultural background and other information you provide to us. This may be done in forms like this one, on the phone, online or in face-to-face conversations. The privacy of your personal information is protected by law, including by the Commonwealth's *Privacy Act 1988*.

If we do not collect your personal information we cannot provide you with our services, unless there are exceptional circumstances.

## Using and disclosing your information

We will not use or disclose the personal information we collect for a particular purpose for any other purpose without your consent, unless we are permitted to by law. We will not disclose your information to a third party, whether in Australia or overseas, without your consent.

For most of our services we use a common client management software and database to process and store your personal information. This software and database is licensed by CatholicCare Victoria Tasmania (ABN 150 113 947) (CCVT) and hosted and maintained by its contracted service providers.

## Child Safety

At CatholicCare we are committed to keeping children safe. We will act and report child abuse if we learn children are unsafe. For more information visit our website: [www.catholiccarevic.org.au/childsafety](http://www.catholiccarevic.org.au/childsafety)

## Consent

You consent to us collecting, storing and using your personal information as detailed above.

Name: \_\_\_\_\_

Signed on behalf of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please return this form to reception or your practitioner***

For more information on how we handle your personal information, please read our Privacy Statement on our website (address below), or ask one of our staff for a copy. If you have any queries or complaints about our use or disclosure of your personal information, or if you would like to access your personal information, please contact our Privacy Officer.

Phone: (03) 9287 5555  
 Email: [privacyofficer@ccam.org.au](mailto:privacyofficer@ccam.org.au)  
 Post: PO Box 196, East Melbourne, VIC 8002  
 Visit: 383 Albert Street, East Melbourne  
 Website: [www.ccam.org.au](http://www.ccam.org.au)

### Office use only

Client ID: \_\_\_\_\_ Worker name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_