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| **Membership Registration****Form** |  | **34 Dunorlan Road,****Edwardswton SA 5039.****Phone: 8299 0015**  **Mobile 0433 388 250****Web – https://families4families.org.au****Email –** ***office@families4families.org.au*****F4F refers to Families4Families Inc.** |
| Title(Mr/Mrs/Ms/Miss) |  | Christian Name |  | Surname |  |
| Gender |  | Preferred Name |  | Date of Birth |  |
| Covid Vaccine | **Dose 1** |  | **Dose 2** |  | **Dose 3 Booster** |  | **Dose 4****Booster** |  |
| Residential Address |  |
| Postal Address  |  |
| Mobile Phone |  | Home |  |
| Email Address |  |
| **EMERGENCY CONTACT** | **Name** |  |
| **Mobile** |  | **Relationship** |  |
| Support Worker Info. | **Name** |  | **Phone Number** |  |
| Date form completed |  | Where did you find out about Families4Families from ? |  |

***Please give us some information so we can best support you:-***

|  |  |  |  |
| --- | --- | --- | --- |
| I Have an ABI |  | Someone in my Family has an ABI (Relationship) |  |
| When did ABI Occur (year) |  | How did ABI occur (accident, stroke, brain cancer other)? |  |
| Cultural Information -  | Do you identify as Indigenous Australian? |  |
| Do you speak a language other than English at home? |  | If YES, specify language |  |
| Do you need an Interpreter? |  | Agree to be used in any media form F4F and related purposes (**Yes/No**) |  |
| What supports or services do you currently access (if any) for example support worker from Disability Services, Carers SA, BIRCH programme, NDIS? |
|  |
| Please note any other family member information you think is relevant. |
|  |

***NDIS Client Information (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| NDIS Number |  | Funding Type ( Self or Plan Managed ) |  |
| Company / Person Managing Fund – Name |  | Company / Person Managing Fund – Ph. No. |  |
| Company / Person Managing Fund – Email |  | I agree for F4F to Invoice NDIS for services (**Yes/No**) |  |

***OFFICE USE ONLY:***

|  |  |  |  |
| --- | --- | --- | --- |
| Form Received on Date |  | Date added to Data Base |  |
| Date Membership Manager notified |  | Date Social Media Volunteer notified |  |
| Added to NewsletterConstant Contacts |  | LSG which member may attend |  |
| ***Notes -*** |  |

Please return by Email or Post to Families4Families Created date 22.02.2021 Membership Registration Form Modified on 03.07.2022 Version 2.2