|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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***](mailto: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 Newsletter  Constant 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