

GERALDTON

CLIENT REGISTRATION FORM

DATE : ___/___/___

Please let us know if you would like help filling out this form.

Would you like help with other written material? Y N

Are you 18 years or older Y N **If under 18, please advise reception staff**

The Family Relationship Centre follows the Privacy Principles. We require your name, address & phone number to enable us to contact you for reminder of appointments & to meet requirements for funding bodies.

Under the *Family Law Act 1975*, an FDRP is required to keep everything disclosed as part of the FDR process, confidential. However there are exceptions to this rule: an FDRP may break confidentiality where they have assessed that there is potential harm to a party, a child, or others, or to prevent the commission of a crime, or where child abuse is disclosed.

Your Personal Details:

Title: _____ First Name: _____ Last Name: _____

Gender: _____

Date of Birth: ___/___/___ Country of Birth: _____

Current Partner's Name (if applicable): _____

Are you of Aboriginal OR Torres Strait Islander origin? No TSI Aboriginal Both

Contact Details:

Address: Street name & number: _____

Suburb: _____ State: _____ Postcode: _____

Home ph: _____ Msg OK? Y N Work ph: _____ Msg OK? Y N

Mobile : _____ Msg OK? Y N Email: _____

Preferred method of contact? _____

Full Name/s & date of birth/s of relevant children:

Name: _____ M/F/O DOB: ___/___/___ Name: _____ M/F/O DOB: ___/___/___

Name: _____ M/F/O DOB: ___/___/___ Name: _____ M/F/O DOB: ___/___/___

Name: _____ M/F/O DOB: ___/___/___ Name: _____ M/F/O DOB: ___/___/___

Who do the child/children live with? _____

Are any of the children of Aboriginal OR Torres Strait Islander origin? No TSI Aboriginal Both

Other details:

What is the main language you speak at home? _____

If the main language is not English, how well do you speak English?

Very Well Well Not Well Not at all

Do you have one or more of the following impairments, conditions or disabilities?

Psychiatric Intellectual/Learning Sensory/Speech
 Physical/Diverse Not stated/Inadequately described None

Do you have a Carer? Y N **Are you a Carer?** Y N

Living arrangements:

Single Couple with dependant/s Homeless
 Sole parent with dependant/s Group (related) Not stated
 Couple Group (unrelated)

Accommodation type:

Crisis, emergency, transition Private residence - rental Other
 Independent living unit Supported accommodation **Are you homeless?**
 Private residence - client or family owned Not stated Y N **At Risk**

Your Current Marital Status:

Date of separation: ___ / ___ / ___

Never married/Single Widowed De Facto Separated
 Married Other relationship Separated but not divorced
 De Facto Divorced N/A – person under 15 yrs

What is your highest education level?

Advanced Diploma or Diploma Graduate Diploma/Certificate Pre-primary
 Bachelor Degree Other education Primary
 Certificate level Post Graduate Degree Secondary

What is your current occupation? _____

Your family income before deductions, including pensions, Centrelink, superannuation payments?

\$0 - \$15,000 \$35,000 - \$45,000 \$65,000 - \$75,000 \$100,000 - \$125,000
 \$15,000 - \$25,000 \$45,000 - \$55,000 \$75,000 - \$85,000 \$125,000 - \$150,000
 \$25,000 - \$35,000 \$55,000 - \$65,000 \$85,000 - \$100,000 \$150,000 - \$200,000

Do you have a Health Care or Pension Concession Card? Y N

What is your main source of income?

Nil income Govt payments/pension/allowance Self employed
 Employee salary/wages Other income (eg superannuation) Not stated

What is your employment status?

Paid work – full time Not working or Not in labour force Caring
 Paid work – part time Studying – Full time Parenting
 Unpaid work (volunteer) Studying – Part time Casual

Primary Reason for Assistance

Age-appropriate development Community participation & networks Education / employment
 Family functioning Housing Material Wellbeing
 Mental health Money management Physical health
 Personal and family safety

Referral Source (Who referred you to this service?)

- | | | | |
|--------------|--------------------------|------------------------------|--------------------------|
| COMMUNITY | <input type="checkbox"/> | GP | <input type="checkbox"/> |
| EDUCATIONAL | <input type="checkbox"/> | OTHER PARTY | <input type="checkbox"/> |
| INTERNAL | <input type="checkbox"/> | NOT STATED | <input type="checkbox"/> |
| LEGAL | <input type="checkbox"/> | | |
| EMPLOYMENT | <input type="checkbox"/> | Details of who referred you: | |
| CENTRELINK | <input type="checkbox"/> | _____ | |
| OTHER AGENCY | <input type="checkbox"/> | _____ | |
| SELF | <input type="checkbox"/> | | |
| FAMILY | <input type="checkbox"/> | | |
| FRIENDS | <input type="checkbox"/> | | |

Primary Reason for Assistance

- | | | | | | |
|-----------------------------|--------------------------|------------------------------------|--------------------------|----------------------------|--------------------------|
| Age-appropriate development | <input type="checkbox"/> | Community participation & networks | <input type="checkbox"/> | Education / employment | <input type="checkbox"/> |
| Family functioning | <input type="checkbox"/> | Housing | <input type="checkbox"/> | Material Wellbeing | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> | Money management | <input type="checkbox"/> | Personal and family safety | <input type="checkbox"/> |
| Physical health | <input type="checkbox"/> | | | | |

Other party's details

(Details of the person you are wishing to communicate or make arrangements with)

First Name: _____	Last Name: _____	DOB: ___/___/___
Address: Street name & number: _____		
Suburb: _____	State: _____	Postcode: _____
Ph Hm: _____	Ph Wk: _____	Mobile: _____
Is the other party of Aboriginal OR Torres Strait Islander origin? No <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal <input type="checkbox"/> Both <input type="checkbox"/>		
Other party's email address: _____		
Other party's current partner's name (if applicable): _____		
Relationship to Child/ren: _____		

In regards to the child or children you are seeking to communicate about, please complete the following:

Mother's contact details:

First Name: _____ Last Name: _____ DOB: __/__/__

Address: Street name & number: _____

Suburb: _____ State: _____ Postcode: _____

Ph Hm: _____ Ph Wk: _____ Mobile: _____

Is the mother of Aboriginal OR Torres Strait Islander origin? No TSI Aboriginal Both

Mother's email address: _____

Mother's current partner's name (if applicable): _____

Father's contact details:

First Name: _____ Last Name: _____ DOB: __/__/__

Address: Street name & number: _____

Suburb: _____ State: _____ Postcode: _____

Ph Hm: _____ Ph Wk: _____ Mobile: _____

Is the father of Aboriginal OR Torres Strait Islander origin? No TSI Aboriginal Both

Father's email address: _____

Father's current partner's name (if applicable): _____

Your relationship to other party/s: (e.g. ex-partner, Maternal or Paternal Grandparent etc): _____

Have you sought legal advice? Y N If yes, from whom? _____

Are there any days / times you are **NOT** available for appointments?

Please note while we do our best to accommodate each person's preferred time for appointments, we are not always able to do this, particularly for dispute resolution appointments.

Has there been any issue/s with:

Family Violence: Y N

Child Protection: Y N

Have there been any Family Court Orders in place? Y N Date of Order/s: _____

Have there been any Family Violence Restraining Orders? Y N Date of Order/s: _____

Have there been any Violence Restraining Orders? Y N Date of Order/s: _____

If FVRO or VRO, is there a clause that allows mediation? Y N Unknown

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Area: FRC	Created: 2007 Revised Oct 2019



Centacare Family Services – Client Acknowledgment & Consent

I understand that in order to provide me with a service, you need to keep some of the information I have provided. I understand that this information is kept in a file and within your combined services database and is treated in accordance with the *Privacy Act 1988*.

It has been explained to me, that the statistical information you are required to provide to your funding body is also entered into your combined services database. The information provided to your funding body is encoded so that no person is identified by name. The information I give at a session is not provided to your funding body. I understand that the only time information from my file would be disclosed is with my authorisation or when required by law.

_____ Signature	_____ Date
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I consent to being contacted by Centacare on behalf of their funding bodies and/or their agents, at a later date to participate in follow up, research, or programme evaluation activities.

Consent *Tick only one* Do not consent

Verbal acknowledgement / consent obtained

Consent *Tick only one* Do not consent

I understand that I can withdraw my consent at any time.

O:\Forms\Centacare Forms\FRC	Client Registration - 1 party is not a parent
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**CONSENT TO RECEIVE AND RELEASE INFORMATION BETWEEN THE
GERALDTON FAMILY RELATIONSHIP CENTRE AND A THIRD PARTY**

The Geraldton Family Relationship Centre may need to obtain and/or share some of your personal information with third parties. Your personal information will be treated in accordance with the relevant legislation and will only be obtained and/or shared when necessary to assist the family dispute resolution process.

Please note that in the absence of your written consent, the Geraldton Family Relationship Centre may not be able to assist you and your family to the best of our ability.

Full name of client being referred: _____ D.O.B: _____

Contact details: _____

I, _____ hereby give my consent for the Geraldton Family Relationship Centre to receive from and/or release information to:

- Centacare Family Services
- Child Protection & Family Services
- Legal Aid WA
- Regional Alliance West (previously Geraldton Resource Centre)
- other Family Relationship Centres

(PLEASE TICK TO INDICATE CONSENT)

Client signature: _____

Date: _____

I further give my consent for the Geraldton Family Relationship Centre to receive from and/or release information to the following services/people:

1. _____

2. _____

3. _____

4. _____

Client signature: _____

Date: _____

NB: For further information regarding this consent form, please speak to your FDR Practitioner during your Intake and Assessment appointment. Referring FDR Practitioner: _____

Please only complete this box if you are under 18 years:

A staff member of the Family Relationship Centre has:

- discussed the services the Family Relationship Centre provides;
- assisted me to complete this form;
- explained the Consent to Receive and Release Information and Centacare Family Services Acknowledgement Form in this form.

Name of staff: _____

Signature: _____

Date: _____