

# SMRC Client Registration Form

<b>Client Details</b>		Date	
Name			
Address			
Email			
Phone (Home)		Phone (Mobile)	
Gender		Date of Birth	
Marital Status		Centrelink no.	
Medicare no.		Language/s Spoken	
Country of Birth		Ethnicity	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Complex Conversations		
Full Date of Arrival		Referred By	
Visa Subclass	<input type="checkbox"/> 200 <input type="checkbox"/> 201 <input type="checkbox"/> 202 <input type="checkbox"/> 204 <input type="checkbox"/> 100 <input type="checkbox"/> 449 <input type="checkbox"/> 309 <input type="checkbox"/> other:		
Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency Contact Details

Name	
Relationship	
Contact Number	

## Additional Information:

	Contact Name	Phone number	Organisation Name
Do you have a Caseworker/s?			
Any other Support workers?			
An Employment Service?			
Do you have a Disability	Yes or No	If yes please describe	
Are you registered with NDIS	Yes or No	If no, do you need help to	Yes or No
Do you have an Australian Driver's license?	Yes or No	Do you need support to get your Driver's License?	Yes or No
Do you have access to a registered car?			Yes or No

## Employment and Education:

Level of English	Speak:	Read:	Write:
Have you finished School	Yes or No	Primary School	Secondary level
Interested in doing a course	Yes or No	Type:	

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Do you have a job	Yes or No	Type:	Full time Part time Casual
Are you looking for work	Yes or No	Type:	
Qualifications	Yes or No	Type:	

## Southern Migrant & Refugee Centre: Client Consent

1. I understand that Southern Migrant & Refugee Centre (SMRC) has a privacy policy and that a copy of this is policy can be made available to me at any time.
2. I give permission to the SMRC to store my personal information, so that SMRC can continue to work with me.
3. I understand that the SMRC will ask for written or verbal permission before giving this information to anyone outside of the SMRC
4. I understand that SMRC will not give my information to anyone outside the SMRC without my permission unless there is a dangerous threat to the health and safety of myself or someone else.

Name: (Printed)

Signed:

Date:

## Southern Migrant & Refugee Centre: Photo / Video Consent



I, \_\_\_\_\_, give permission to SMRC to take photos/video, of myself or my children, which may be used for promotional purposes such as SMRC website, social media, publications or media whilst we are participating in SMRC programs.

I have been informed I can withdraw my consent at any time by providing a written request.

Name:

Signed:

Date:

Office Use Only:

Date	Referred by	Received by	Carelink Number	Vettrak Number