

Youth Services

REGISTRATION FORM



This program is funded by the Department of Social Services and data collected assists with future funding.

Name				
Date of Birth? dd/mm/yyyy / /			Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Home address - Unit/Street No.	Street Name		Suburb	State Postcode
Country of Birth		Main language spoken at home?		
Of Aboriginal or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have any of the following impairments, conditions or disabilities?				
Intellectual learning <input type="checkbox"/>	Psychiatric <input type="checkbox"/>	Sensory / speech <input type="checkbox"/>	Physical / diverse <input type="checkbox"/>	None <input type="checkbox"/>

I consent for this information to be collected for data collection purposes only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Would you be available to take part in a survey/research and or evaluation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Signature	Date
-----------	------

Bayside Council has a firm commitment to protecting the privacy of its clients. Council complies with the National Privacy principles set out in the Privacy Amendment (private sector) Act 2000.