



New Client Registration Form

Your name: _____ Date of birth: ____/____/____

Phone: _____ Email: _____

Address: _____

I identify as: Aboriginal Torres Strait Islander Culturally and Linguistically Diverse (CALD)
 None of the above Other: _____

If you are partnered / co-parenting:

Their name: _____ Date of birth: ____/____/____

They identify as: Aboriginal Torres Strait Islander CALD
 None of the above Other: _____

I am / we are:

Primary carer(s) of my/our grandchildren Primary carer(s) of a family members/friends children
 Alienated from my/our grandchildren Concerned for my/our grandchildren

*If you are **alienated** from your grandchildren or have **care concerns** for your grandchildren, please skip the next section. You may wish to provide more details under 'other relevant information'.

Children in your care:

Name		Date of birth	/	/
	<input type="checkbox"/> NDIS participant <input type="checkbox"/> Diagnosed intellectual / mental health condition			
Relationship to you				
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD (please specify below) <input type="checkbox"/> None of the above <input type="checkbox"/> Other:			
Care arrangement	<input type="checkbox"/> Informal <input type="checkbox"/> DCP Kinship / Order(s) <input type="checkbox"/> Family Court Order(s)			
Further details (e.g. date they came into your care)				

Name		Date of birth	/	/
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Relationship to you				
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD (please specify below) <input type="checkbox"/> None of the above <input type="checkbox"/> Other:			
Care arrangement	<input type="checkbox"/> Informal <input type="checkbox"/> DCP Kinship / Order(s) <input type="checkbox"/> Family Court Order(s)			
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Further details (e.g. date they came into your care)				

*Please fill in a second form if you have more than four children in your care

Other relevant information: e.g. Are there any specific issues, past or ongoing, we should be aware of?

I have already spoken to a Grandcarers SA staff member / volunteer

I agree to be contacted by Grandcarers SA if further details are required

How did you hear about us? _____

Referred by (if you are not self-referring): _____

Signature: _____ **Date:** _____

Please return to: Email: contactus@grandcarers.au OR Mail: Grandcarers SA
c/o Uniting Communities
43 Franklin Street ADELAIDE 5000