New Client Registration Form

Grandcarers SA

Important information

Grandcarers SA needs to collect your personal information to provide our services to you. Australian privacy law allows us (Grandcarers SA) to use or disclose your personal information for the reason we have collected it. Grandcarers SA cannot use or disclose your personal information for another reason (a secondary purpose) unless an exception applies. Exceptions include:

- you've consented to Grandcarers SA using or disclosing your personal information for a secondary purpose and we will ask you to authorise this information
- Grandcarers SA uses or discloses your personal information because they think it's reasonably necessary for enforcement-related activities carried out by, or on behalf of, an enforcement body
- a secondary purpose is required or authorised under an Australian law, or court or tribunal order.

1. YOUR DETAILS (*required)

***FIRST NAME**

***LAST NAME**

***CONTACT PHONE NUMBER 1**

CONTACT PHONE NUMBER 2 (e.g., partner)

EMAIL ADDRESS

***STREET ADDRESS**

***SUBURB/CITY/TOWN**

***POSTCODE**

***DATE OF BIRTH** (date/month/year)

***GENDER** (e.g., male/female/non-binary)

*Cultural identity

ARE YOU AN ABORIGINAL OR TORRES STRAIT ISLANDER? (yes/no)

IS ENGLISH YOUR FIRST LANGUAGE? (yes/no)

WHAT IS YOUR COUNTRY OF BIRTH?

DO YOU NEED AN INTERPRETER? (yes/no)

Your partner (if applicable)

FULL NAME

DATE OF BIRTH (date/month/year)

GENDER (male/female/non-binary)

PARTNER CONTACT CONSENT (Permission for us to discuss issues with your partner if they contact us – yes/no)

*How did you find out about us? (✓)

WORD OF MOUTH | **OUR WEBSITE** | **SOCIAL MEDIA** | **TV/RADIO/NEWSPAPER** | **DCP** | **CENTRELINK**

ANOTHER ORGANISATION Please specify:

OTHER Please specify:

2. CHILD / CHILDREN IN YOUR CARE (*required, please print one page per child)

***CHILD'S FIRST NAME**

***CHILD'S LAST NAME**

***DATE OF BIRTH** (date/month/year)

***GENDER** (e.g., male/female/non-binary)

***RELATIONSHIP TO YOU** (e.g., maternal or paternal granddaughter / grandson, sister, brother, niece, nephew, another relationship – please specify)

DATE THEY CAME INTO YOUR CARE

*Cultural identity

IS YOUR CHILD AN ABORIGINAL OR TORRES STRAIT ISLANDER? (yes/no)

IS ENGLISH THEIR FIRST LANGUAGE? (yes/no)

WHAT IS THEIR COUNTRY OF BIRTH?

*Care arrangement (✓)

INFORMAL

FAMILY CONFERENCE AGREEMENT

FAMILY COURT ORDER

GUARDIANSHIP OF THE CHIEF EXECUTIVE (GoCE)

GUARDIANSHIP (OTHER PERSON)

Other information

***ARE THEY AN NDIS PARTICIPANT?** (yes/no)

HEALTHCARE CARD NUMBER (if applicable)

DCP ID CARD NUMBER (if applicable)

MEDICARE CARD NUMBER + REFERENCE NUMBER (left of name)

Medical information

DOES YOUR CHILD HAVE A DIAGNOSED INTELLECTUAL / MENTAL HEALTH CONDITION OR EXHIBIT BEHAVIOURS OF CONCERN? (✓)

Please specify:

IS YOUR CHILD NEURODIVERGENT OR HAVE A SPECIFIC LEARNING DISABILITY? (✓)
e.g., dyslexia, dysgraphia, dyscalculia, ASD or ADHD

Please specify:

ARE THERE OTHER ISSUES THAT IMPACT UPON YOUR CHILD'S CARE OR THE KIND OF SUPPORTS THEY REQUIRE? (✓)
e.g., medical issues, difficulties with cognition, mobility, vision or difficulties performing daily tasks such as eating, dressing or personal care

Please specify:

Any other relevant information

3. CONSENT TO COLLECT, USE AND RETAIN PERSONAL INFORMATION (*required)

We are required to ask you to sign this document as the holding, use and disclosure of personal information is protected by legislation.

We may not be able to assist you if we are unable to gather the information we require.

WHY WE NEED YOUR PERSONAL INFORMATION

Personal information is any information or an opinion that could identify you. The purpose of us collecting personal information from you is to:

1. ensure the planning, coordinating, funding, delivery, monitoring and reviewing of our service delivery and client support is fit for your needs
2. report statistical information to government or other funding bodies of how we expend our funding (without providing identifiable details)
3. taking photographs and videos for marketing purposes (this may include de-identified images, e.g., of hands or of a person from behind)
4. enable us to respond to your feedback and enquiries.

DATA RETENTION AND SECURITY

We are committed to managing personal information in accordance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) and the Australian Privacy Principles (APPs). Personal data will be retained only for as long as necessary to fulfil the purpose for which it was collected, or as required by law or funding/regulatory obligations. We will take all reasonable steps to protect personal information from misuse, interference, loss, unauthorised access, modification, or disclosure. This organisation will not disclose/use information about you for any secondary purpose unless:

1. you have consented, or you would reasonably expect us to disclose the information to safeguard any person or where that information supports that person's health, welfare or safety.
2. required or authorised by or under an Australian or South Australian law, a court/tribunal order; or Grandcarers SA reasonably believes:
   a) it is necessary to lessen or prevent a serious threat to the life, health or safety of an individual or public health and safety; or assist another person in locating a person reported as missing.
   b) an individual may have done something unlawful or engaged in serious misconduct that relates to organisational functions or activities.

If you have any concerns please write to:

The CEO, Grandcarers SA
c/o Uniting Communities
43 Franklin Street, ADELAIDE SA 5000
or email: contactus@grandcarers.au

or:
Health and Community Services Complaints Commissioner
PO Box 199, Rundle Mall, ADELAIDE SA 5000
or email: info@hcscc.sa.gov.au

***YOUR FULL NAME**

	YES (✓)	**NO** (✓)
***I GIVE AUTHORITY FOR GRANDCARERS SA TO USE IDENTIFIABLE PHOTOGRAPHS OF ME.**		
***I GIVE AUTHORITY FOR GRANDCARERS SA TO SEND ME INFORMATION OR CARER SUPPORT RELATED OPPORTUNITIES.**		
***I GIVE AUTHORITY FOR GRANDCARERS SA TO COLLECT, STORE, USE AND DISCLOSE PERSONAL AND SENSITIVE INFORMATION, INCLUDING HEALTH RECORDS, FOR THE PRIMARY PURPOSE OF PROVIDING ME WITH SERVICES AND SUPPORT.**		
***I REQUEST THAT GRANDCARERS SA CONTACT ME AS THE GUARDIAN / REPRESENTATIVE OF A CHILD IN MY CARE TO DISCUSS ANY EVENTS.**		
***I AGREE THAT IF MY CARING CIRCUMSTANCES CHANGE, I WILL ADVISE GRANDCARERS SA AS SOON AS POSSIBLE.**		

*SIGNATURE:

*DATE:

Please email to: contactus@grandcarers.au
or post to: Grandcarers SA, c/o Uniting Communities, 43 Franklin Street, ADELAIDE SA 5000