

## Registration Form

Date:

**Please complete this form using BLOCK letters, including details for each family member attending Tweddle. On the day of Admission, please bring to Reception**

	1.	2.	3.	4.	5.
<b>Surname</b>					
<b>Given Names</b>					
<b>Sex at Birth</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term
<b>Gender</b>	<input type="checkbox"/> Man/Boy/Male <input type="checkbox"/> Woman/Girl/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man/Boy/Male <input type="checkbox"/> Woman/Girl/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man/Boy/Male <input type="checkbox"/> Woman/Girl/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man/Boy/Male <input type="checkbox"/> Woman/Girl/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man/Boy/Male <input type="checkbox"/> Woman/Girl/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to answer
<b>Date of Birth</b>					
<b>Country/ State of Birth</b>					
<b>Medicare No.</b>					
<b>Medicare Prefix</b>					
<b>Expiry Date</b>					
<b>Child's Weight:</b>	<b>Child 1:</b>		<b>Child 2:</b>		<b>Child 3:</b>

**Language spoken at home:**

**Ethnicity:**

*This information is for support purposes only and does not impact you accessing any Tweddle services.*

**Are you receiving support from NDIS?**

- Yes** – new NDIS participant during this admission   
  **Yes** – existing NDIS participant prior to admission  
 **No**

If **Yes**, who and what type of plan?

**Are you on a bridging or temporary visa? Yes**  **No**

If **yes**, what type?

### Primary Carer Details

Email Address:		Telephone:	Home:	
Address:			Mobile:	
Suburb:			Mobile:	
Postcode:			Business:	

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	Reviewed: Psychologist	Reviewed: August 2023

### Relationship Status

	Married	Defacto	Same Sex	Separated/Divorced	Single	Widowed
Primary Parent/Carer/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Carer/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Aboriginal/Torres Strait Islander

	Primary Parent/Carer/Other	Parent/Carer/Other	Child	Child
Aboriginal but not Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torres Strait Islander but not Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither Aboriginal Nor Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Aboriginal and Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been to a Tweddle program before?  Yes  No

If yes, which one did you attend?  Residential  Day Stay

Location:

### Emergency Contact

Name:		Relationship:	
Telephone:	Home:	Business:	Mobile:

### Current Professional Contact

Supports	Name/Address/Agency	Contact Numbers
Maternal Child Health Nurse		
General Practitioner/Medical Practice		
Paediatrician		
Mental Health (e.g. Psychologist, Counsellor)		
Family Support Worker		
Other (please specify)		

### Employment

Primary Carer in paid employment  Yes  No

Type of paid work or previous position if not currently working:

Source of Income:  Part-time employment  Income Support pension  
 Full-time employment  Casual Employment  Other – Please specify:

### Primary Carer Education Level

Pre-primary education  Primary education  Secondary year 7 or 8  
 Secondary year 9 or 10  Secondary year 11 or 12  Certificate Level  
 Advanced Diploma Level  Bachelor Degree Level  Graduate Diploma  
 Post Graduate Degree Level  Graduate Certificate Level

### Household Type

Family/Couple with Children  Family/Couple without Children  
 Family/Other  Lone Person  
 Family/Lone Parent  Group Household

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	Reviewed: Psychologist	Reviewed: September 2023