

Client Data Form

First Name: _____

Last Name: _____

Date of Birth: ___/___/_____

OR your age: _____

Gender: Male Female

Current place of residence:

Street No: _____

Street _____

Suburb: _____

State: _____ Postcode: _____

Homeless indicator:

Yes No At risk

Are you of Aboriginal or Torres Strait Islander origin:

- No Aboriginal
 Both Torres Strait Islander

What is your country of Birth: _____

Month & Year of arrival in Australia ____/____

Visa Type: _____

What is the main language spoken at home:

- English Italian
 Arabic Mandarin
 Cantonese Vietnamese
 Greek Other

If other language, please specify here:

If English is not your main language, please rate your ability to speak English

- Very well Not Well
 Well Not at all

Do you have one or more of the following impairments, conditions or disabilities:

- Intellectual learning Psychiatric
 Sensory/speech Physical/diverse
 Other None If other, please state:

Household Composition:

- Single (live alone) Sole parent with dependent(s)
 Couple Couple with dependent(s)
 Group (related adults) Group (unrelated adults)
 Homeless/no household Not stated

Who referred you to this service (tick one only)

- Advocacy/support group
 - Centrelink
 - Childcare service
 - Child Protection Agency
 - Child Support Agency
 - Community legal centre
 - Communities for children
 - Community organisation
 - Corrective Services
 - Domestic Violence Service
 - Drug/alcohol service
 - Disability Service
 - Education Service
 - Employer
 - Family Court – referral
 - Family Court –order
 - Family Relationships Centre
 - Family Relationships online
 - Family Support Service
 - Federal Court – referral
 - Federal Court – Order
 - Health Practitioner
 - Indigenous service
 - Internet
 - Legal Aid Commission
 - Local Magistrates Court
 - Mental Health Service
 - Other FRSP Provider
 - Other Government Department
 - Other Family Relationship Service
 - Police
 - Private Legal Practitioner
 - School
 - Self
 - Other (please state) _____
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