

Client Information Form

Please ensure that you:

- Complete all relevant sections on this form to the best of your knowledge
- Read and understand the Privacy Notice overleaf before signing the declaration
- Submit this form along with all relevant information to the Centre for Restoration by mail or email
- If you require assistance in completing this form, please call our office on (02) 9466 3063 or email: centreforrestoration@salvationarmy.org.au

Personal Details

Your full name

Title: _____

Last name: _____

First name(s): _____

Any other name you may have been known by
(If so, please provide documentation)

Name: _____

Date changed: _____

Date of Birth: Day / Month / Year

Residential Address

Postcode

Postal address (if different from above)

Postcode

Phone: _____

Email: _____

Do you identify as Aboriginal or Torres Strait Islander?

- ☐ None
- ☐ Aboriginal but not Torres Strait Islander
- ☐ Torres Strait Islander but not Aboriginal
- ☐ Aboriginal and Torres Strait Islander

Emergency Contact

Please provide an alternate contact in case of emergency

Name: _____

Address

Postcode

Phone: _____

Email: _____

Location of Experience

Name of The Salvation Army premises where the events took place:

Date from: Day / Month / Year

Date to: Day / Month / Year

Has the matter been reported to the police?

- ☐ No
- ☐ Yes ➡ Please enclose a copy of the report

If not, would you like support to do so?

- ☐ No ☐ Yes

Please note, The Salvation Army has a mandatory obligation to report any incident of child abuse to the Police, if this has not previously been reported to the Police.

Have you previously received a payment from any source in regards to this abuse?

- ☐ No ☐ Yes

Have you experienced abuse in any other institution?

☐ No ☐ Yes

If so, have you received any payment in regard to the abuse at this other institution?

☐ No ☐ Yes

Were you a Ward of the State?

☐ No
☐ Yes ➡ *You may be entitled to also apply for redress through the National Redress Scheme*

Communication Preferences

Are you willing for The Salvation Army to identify themselves in a phone message if you are unavailable?

☐ No ☐ Yes

Do you wish to give consent for another person to contact or receive information from the Centre for Restoration?

☐ No
☐ Yes ➡ *Please fill out details below*

Name: _____

Address

Postcode

Phone: _____

Email: _____

Additional Supporting Information

To ensure we have all the information needed to make an assessment, we ask that you provide us with an Impact Statement about your experience. Guidelines are provided overleaf.

Identity Documents

Please provide us with **two** (2) certified copies of any of the following documents:

1. Birth certificate
2. Passport
3. Australian Drivers Licence
4. Centrelink or Social Security card
5. Medicare Card
6. Bank statement
7. Utility bill i.e. gas, electricity

Privacy Notice

Your privacy and confidentiality is important to us. None of your personal information, or any information that identifies you, will be passed on to any other party unless you ask us to, or unless we are compelled or authorised by law to do so. All information will be handled strictly in accordance with our privacy policy and privacy statement.

It is very important that you read and understand the enclosed Privacy Notice and Consent Form, and then sign this form and return it to us. If you have any concerns in regard to this, please contact our senior case manager on (02) 9466 3063 or 0409 298 552.

DECLARATION

I declare that to the best of my knowledge the information I have provided is correct.

I have read and signed the Privacy Notice and Consent Form and have attached it to this form.

Signature: _____

Date: _____
Day / Month / Year

Attachment checklist

I have attached the following:

- ☐ Impact Statement
- ☐ 2 Identification Documents
- ☐ Name change documents (if applicable)
- ☐ Police Report (if applicable)
- ☐ Signed Privacy Notice and Consent Form

Please send this completed form and all documents listed above, to:

The Salvation Army Centre for Restoration
PO Box A435
Sydney South NSW 1235

An Express Post envelope is enclosed for your convenience.

