



For individuals with a diagnosed 'progressive' life limiting illness AND their family carer.

REGISTRATION FORM

Full Name: _____
Surname First Name Middle Initial

Address: _____

Date of Birth _____ Phone _____

Email _____

Do you identify as Aboriginal and/or Torres Strait Islander? Yes No

Languages other than English? _____ Interpreter Required Yes No

Family Carer (if you have one - registered with Centrelink)

Name _____ Relationship _____

Email _____ Phone _____

Emergency Contact Information (other than family carer)

Full Name _____
Surname First

Primary Phone _____ Alt Phone _____

Additional Information

Diagnosis _____ Date (mmyy) _____

GP Name _____ GP Phone _____

Advance Care Directive Yes No If yes, do you have a 'Not for Resuscitation' request as part of your Advance Care Directive? Yes No

DECLARATION – Use and Collection of Personal Information

I declare the above information to be true and correct. I understand this information will be used to determine eligibility to the CBC program and for funding purposes as per the Australian Privacy Principles (APPs) outlined in Schedule 1 of the Privacy Act 1988 (Cth) (Privacy Act)"

SIGNATURE

PRINT NAME

DATE