

Musical Mornings Meals Registration Form

Applicant Details			
Title		Surname	
First Name		Second Name	
Home Address			
Suburb		Post Code	
Postal Address (if different to above)			
Suburb		Post Code	
Home Phone No.		Mobile Phone No.	
Email			
Date of Birth/...../.....	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of Birth			
Language Spoken at Home (please specify)		Is language /communication assistance required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an Aboriginal or Torres Strait Islander person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your usual living arrangements	<input type="checkbox"/> With family only	<input type="checkbox"/> Alone	<input type="checkbox"/> Other persons
Source of Income	Pension <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension Type	<input type="checkbox"/> Aged	<input type="checkbox"/> Disability	<input type="checkbox"/> DVA - Gold
	<input type="checkbox"/> DVA – White	<input type="checkbox"/> DVA – Orange	<input type="checkbox"/> Other
Pensioner Concession Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card No	
Ambulance Subscriber	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accommodation Setting	<input type="checkbox"/> Private residence – owned/purchased	<input type="checkbox"/> Private residence – private rental	
	<input type="checkbox"/> Private residence – public housing	<input type="checkbox"/> Private residence – mobile home	
	<input type="checkbox"/> Independent unit within retirement village	<input type="checkbox"/> Boarding house/private hotel	
	<input type="checkbox"/> Supported accommodation facility	<input type="checkbox"/> Residential aged care facility	
Do you use/require mobility aids?	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Frame	<input type="checkbox"/> Walking stick
Service user's goal/outcome	To attend Musical Mornings program and social luncheons		<input type="checkbox"/> Season One – 5 shows
			<input type="checkbox"/> Season Two – 5 shows
	<input type="checkbox"/> Other, please specify		
Where did you hear/read about the Musical Mornings Program?	<input type="checkbox"/> Direct mail from Council		<input type="checkbox"/> Direct mail from another source
	<input type="checkbox"/> Newspapers		<input type="checkbox"/> Community centre/club
	<input type="checkbox"/> Verbally from a friend		<input type="checkbox"/> Other
Your General Practitioner's Details			
Your GP's Name		Your GP's Phone Number	

Your Carer's or Contact Person's Details

Contact Person/Contact Person's Name

(Details of a person whom you would like us to contact in the case of an emergency)

Home Address

Suburb

Post Code

Home Phone No.

Work Phone No.

Email

Mobile Phone No.

Contact Person's Relationship to you

Are they your Carer?

Yes No

Do they receive carer's allowance/pension

Yes No

Optional Information

Do you require assistance with?

Household tasks

Mobility

Personal care (showering etc)

Transport

Shopping

Tasks at home

Managing medications

Meal preparation

Do you wear?

Hearing Aids Yes No

Glasses Yes No

Consent to collect, store and use personal information

I understand the reasons that my personal information is collected, how it is stored and why it is required. I have also been informed that Surf Coast Shire Council is required to provide to government bodies (Department of Health) non identifying statistical data for reporting purposes.

Signature

Date

Please complete this form and return it to:

Positive Ageing
Surf Coast Shire Council
P.O. Box 350
TORQUAY VIC 3228

The Surf Coast Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. The information will be used for the primary purpose it was collected or any related purpose for which the individual would reasonably expect Council to use or disclose the information. The information will not be disclosed to any other party unless Council is required to do so by law