

**APPLICATION
FORM.**

Family Members.

This form is used to determine your eligibility to access the services at Mates4Mates.

Mates4Mates provides support for our "Mates" who are current and ex-serving ADF personnel who have been physically and/or psychologically wounded, injured or ill as part of their Service with the ADF. Supporting our Mates also means support for their families.

All information collected on this form is confidential and is used by Mates4Mates employees only. All personal information is kept secured and will not be shared with third parties without your permission.

1. How did you hear about Mates4Mates?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Referral: _____
<input type="checkbox"/> Other Mates	<input type="checkbox"/> Social Media	<input type="checkbox"/> Internet	<input type="checkbox"/> Other: _____

2. Personal Details

Title: _____	Surname: _____	Given Names: _____
Preferred Names: _____	D.O.B _____	
Country of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email: _____	Mobile: _____	
Home Ph: _____	Work Ph: _____	
Home Address: _____		
Suburb: _____	Postcode: _____	Country: _____
Postal Address: _____		
Suburb: _____	Postcode: _____	Country: _____

3. Service status

Your relationship to the current or ex-serving ADF member?

<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner	<input type="checkbox"/> Child
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	Name of current or ex-serving ADF member: _____

Are they aware you have contacted Mates4Mates? Yes No

What is the status of their service? Current serving ADF Ex-serving ADF Current Reserve ADF

Allied Force (where): _____

In which service? Army Navy Air Force

Which best describes their current health status?

Wounded

Injured

Ill

Briefly describe their wound, injury or illness and its impact:

4. Your reasons for contacting Mates4Mates

- | | | |
|---|--|--|
| <input type="checkbox"/> Information | <input type="checkbox"/> Involvement in programs | <input type="checkbox"/> Psychological / Counselling |
| <input type="checkbox"/> Drop-in and see facilities | <input type="checkbox"/> Family Support | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Support / mateship | <input type="checkbox"/> Career Coaching | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Physical Rehabilitation | <input type="checkbox"/> Other: | <input type="checkbox"/> Psychological / Counselling |

Other comments:

7. What happens next?

Return your applications to your Family Recovery Centre.

- **Brisbane (SE QLD, NSW, ACT):** 27 Douglas Street, Milton QLD 4064 or PO Box 1220, Milton QLD 4064 or email Brisbane@mates4mates.org
- **Townsville (Nth QLD, NT):** 40 Anne Street, Aitkenvale QLD 4814 or PO Box 1334, Aitkenvale QLD 4814 or email Townsville@mates4mates.org
- **Hobart (Tas, Vic, SA, WA):** 206 New Town Road, New Town, TAS 7008 or PO Box 34 New Town TAS 7008 or email Tasmania@mates4mates.org

If you need more information or have any questions please call **1300 462 837** or email enquiry@mates4mates.org

Thank you for completing this form

You will be contacted by a Mates4Mates staff member to discuss this application further.