

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

Mates4Mates cares 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. Caring for our Mates also means caring 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. The only limits to confidentiality are threats of harm to yourself or someone else; or if a court subpoenas the documents.

## 1. Personal Details

Date of application: / /

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

## 2. In Case of Emergency Contact

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Phone (M):</b> _____	<b>Phone (Home/Other):</b> _____

## 3. Service Status

current serving ADF
  Ex-serving ADF
  Current Reserve ADF

Allied Force (where): \_\_\_\_\_

**In which service are/were you employed?**

Army
  Navy
  Air Force

**Date Enlisted:** \_\_\_\_\_ **Date Discharged:** \_\_\_\_\_

**Reason for Discharge:**  Own decision  Medical  Other: \_\_\_\_\_

**If currently serving, which unit are you posted to?** \_\_\_\_\_

**Please nominate a POC at your unit:** \_\_\_\_\_

**CO's contact details:** \_\_\_\_\_

## 4. Your Deployment Experience

Please indicate your deployment experience below:

More than one option can be checked

<input type="checkbox"/> <b>Afghanistan</b> Year: ..... Duration: .....	<input type="checkbox"/> <b>Iraq</b> Year: ..... Duration: .....
<input type="checkbox"/> <b>Vietnam</b> Year: ..... Duration: .....	<input type="checkbox"/> <b>Rwanda</b> Year: ..... Duration: .....
<input type="checkbox"/> <b>Middle East – other</b> Year: ..... Duration: .....	<input type="checkbox"/> <b>Africa – other</b> Year: ..... Duration: .....
<input type="checkbox"/> <b>Peacekeeping</b> Year: ..... Duration: .....	<input type="checkbox"/> <b>Other Overseas Deployment</b> Year: ..... Duration: .....
<input type="checkbox"/> <b>Border Protection</b> Year: ..... Duration: .....	<input type="checkbox"/> <b>Never Deployed Overseas</b>

## 5. Your Health

Have you ever been diagnosed with/had any of the below conditions? (please tick)

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Alcohol or substance dependency
<input type="checkbox"/> Anger	<input type="checkbox"/> Other mental health issue	<input type="checkbox"/> Musculoskeletal injury
<input type="checkbox"/> Amputation	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiovascular disease
<input type="checkbox"/> Tinnitus	<input type="checkbox"/> Other Diagnosis: .....	

Has your wound, injury or illness impacted on you and or your family/friends?  YES  NO

If YES, how?

Has your wound, injury or illness impacted on your ability to work?  YES  NO

If YES, how?

**IMPORTANT:** If you don't identify with being wounded, injured or ill please speak to a Mates4Mates staff member before going any further in completing this form. Thank you

General Practitioner Name: .....

Do you receive treatment from any other health practitioner?  YES  NO

Have you submitted a DVA claim?  YES  NO

Have DVA accepted liability?

YES  NO

What is your DVA status?

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## 6. About You

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What are your reasons for contacting mates4mates?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support / mateship      | <input type="checkbox"/> Family Support      | <input type="checkbox"/> Psychological / Counselling |
| <input type="checkbox"/> Physical Rehabilitation | <input type="checkbox"/> Career Coaching     | <input type="checkbox"/> Stress                      |
| <input type="checkbox"/> Involvement in programs | <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Other                       |
- .....

What interests do you and/or your family have? (e.g. sports, hobbies, family activities.)

## 7. Relationships & Family

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What is your relationship status? (please tick)

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single   | <input type="checkbox"/> Divorced          |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> De Facto | <input type="checkbox"/> In a relationship |

Number of Children : ..... Are you their full time carer (if applicable)?  YES  NO

Child 1. Name	.....	DOB: .....	GENDER: .....
Child 2. Name	.....	DOB: .....	GENDER: .....
Child 3. Name	.....	DOB: .....	GENDER: .....
Child 4. Name	.....	DOB: .....	GENDER: .....

**CHILDREN'S DETAILS:** This is collected only to provide Mates4Mates with information on how to best serve your family e.g. appropriate activities for family days.

If you have more than 4 children please include their details on a separate page and attach it to this application.

## 8. Marketing & Public Affairs

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How did you hear about us?

- |  |                                       |                                    |  |
|--|---------------------------------------|------------------------------------|--|
| <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: .....    |

**Would you be interested in representing Mates4Mates in the following?** (This is voluntary)

PLEASE NOTE: You will be contacted on each occasion to determine if you are still interested / able.

- Photo and short Bio on website       Media Interviews       Publicity Events
- Other .....

## 9. What Happens Next?

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**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](mailto: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](mailto: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](mailto:Tasmania@mates4mates.org)

If you need more information or have any questions please call **1300 462 837** or email [enquiry@mates4mates.org](mailto:enquiry@mates4mates.org)

***Thank you for completing this form***

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