

APPLICATION FORM.

Family Members.

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.

1. How did you hear about Mates4Mates?

Word of Mouth
 Television
 Newspaper
 Referral: _____
 Other Mates
 Social Media
 Internet
 Other: _____

2. Personal Details

Title: _____ **Surname:** _____ **Given Names:** _____
Preferred Names: _____ **D.O.B** _____
Country of Birth: _____ **Gender:** Male 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?

Spouse
 Partner
 Child
 Parent
 Sibling
 Name: _____

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.