

**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?**

<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: _____
<input type="checkbox"/> ADF			

**2. Personal Details**

<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> _____

**3. In Case of Emergency Contact**

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

**4. 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	<b>Name:</b> _____

**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:**

<b>Do they have a DVA Card?</b>	<input type="checkbox"/> Yes, Gold Card	<input type="checkbox"/> Yes, White Card
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## 5. 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:

## 6. 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](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.