

**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"/> TV	<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

Title: _____	Surname: _____	Given Names: _____
Preferred Names: _____	D.O.B _____	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Other _____
Country of Birth: _____		
Do you identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
		<input type="checkbox"/> Aboriginal and Torres Strait Islander
Email: _____	Mobile: _____	
Home Ph: _____	Work Ph: _____	
Home Address: _____		
Suburb: _____	Postcode: _____	Country: _____
Postal Address: _____		
Suburb: _____	Postcode: _____	Country: _____

3. In Case of Emergency Contact

Name: _____	Relationship: _____
Phone (M): _____	Phone (Home/Other): _____

4. 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

Date Enlisted: _____

Date Discharged: _____

Reason for discharge:

Own decision Medical Other _____

Which best describes their current health status?

Wounded Injured Ill

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

Do they have a DVA Card?

Yes, Gold Card

Yes, White Card

*Mates4Mates reserve the right to review eligibility for membership if circumstances change.

5. Your reasons for contacting Mates4Mates

Information Involvement in programs Psychological / Counselling

Drop-in and see facilities Family Support Stress

Support / mateship Career Coaching Relationship issues

Physical Rehabilitation Other: _____ Psychological / Counselling

Other comments:

Would you like to receive the Mates4Mates e-newsletter? Yes No

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
- **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.