

## Your Details

First name:

Last name:

Preferred name:

Date of birth:

Country of birth:

Gender:

- Male  
 Female  
 Prefer not to say

I identify as:

Relationship status:

- Married       Single       Divorced  
 Widowed       De facto       In a relationship

Do you identify as:

- Aboriginal       Do not identify  
 Torres Strait Islander       Prefer not to say  
 South Sea Islander

Email:

Phone number:

Home address:

  

Postal address:

  

## Emergency Contact

First name:

Last name:

Phone number:

Relationship:

## Partner / Family Service Status

What is your relationship to the current or ex-serving ADF member?

What is their service status?

- Current serving ADF       Allied Forces (please specify where):  
 Current reserve ADF       Ex-serving ADF

Which service are/were they employed in?

- Army       Air Force       Navy

Date enlisted:

Date discharged:

Reason for discharge?

- Medical       Administrative       Voluntary

Have something else you'd like to share?

Let us know.

## What happens next?

Return your form to your local Mates4Mates Centre and our team will be in contact.

Brisbane (SEQ)

[brisbane@mates4mates.org](mailto:brisbane@mates4mates.org)

Townsville (Nth QLD)

[townsville@mates4mates.org](mailto:townsville@mates4mates.org)

Hobart (Tas)

[tasmania@mates4mates.org](mailto:tasmania@mates4mates.org)

Northern Territory

[nt@mates4mates.org](mailto:nt@mates4mates.org)

Online

[onlinefrc@mates4mates.org](mailto:onlinefrc@mates4mates.org)