# Intake Registration Form

**OFFICE ONLY**
**Date of Referral:** (if applicable) _____ **Date of Intake:** _____ **Completed by:** _____
**Service ID:** _____ **Program referred to:** _____ By: _____

**ALL CLIENT DETAILS AND INFORMATION ARE ONLY STORED FOR 12 MONTHS AFTER NO CONTACT.**

## 1. Details of Applicant

***First name**: **Middle name:**

***Last name:** **Preferred name:**

***Gender:** (Please select one only)

☐ Male ☐ Female ☐ Intersex ☐ Transgender ☐ Non-binary ☐ Other

***Date of Birth**:

***Address Line 1:**

**Address Line 2:**

***Suburb:** **Postcode:**

**Contact and Communication:**

***Mobile phone number:** **Home phone number:**

**Personal email address:**

**Do you have any issues with literacy/reading?**
☐ No ☐ Yes

**How can we best contact you?**
☐ Text ☐ Phone call ☐ Email

**2. *Indigenous status: (**Please select one only)**
☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander
☐ Neither Aboriginal nor Torres Strait Islander ☐ Undisclosed

**3. *Culturally and Linguistically Diverse (CaLD) status:** **Please Tick if Yes** ☐

**4.Country of birth**: Language at home

**5. *Do you require an interpreter?**
☐ Yes Language: ☐ No

**6. Do you have any cultural needs/practices that we need to take into account?** ☐ No ☐ Yes

(If yes please provide detail):



** Mandatory field for Penelope Database*

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**7. Do you have a disability?** (Select any that apply)

- ☐ No disability
- ☐ Intellectual/ Learning
- ☐ Psychiatric
- ☐ Sensory / Speech
- ☐ Physical/ Diverse
- ☐ Multiple Disabilities
- ☐ NDIS Participant
- ☐ Not stated

**8. Household composition:**

- ☐ Couple
- ☐ Couple with dependent(s)
- ☐ Sole parent with dependent(s)
- ☐ Single person (living alone)
- ☐ Group (related adults)
- ☐ Group (unrelated adults)
- ☐ Widow / Widower
- ☐ Divorced / Separated
- ☐ Other

If other, please provide details:

**9. What is your current household tenure?**

- ☐ Owner
- ☐ Purchaser
- ☐ Renter - Private
- ☐ Renter - Public
- ☐ Renter - Transitional Housing
- ☐ Renter – Community Housing
- ☐ Rent free
- ☐ Homeless
- ☐ Refuge
- ☐ Caravan
- ☐ Boarding/Lodging House

**10. What is your current employment status?**

- ☐ Employed ◯ Full Time ◯ Casual ◯ Part Time
- ☐ Unemployed for more than 1 year
- ☐ Never been employed
- ☐ Unemployed for less than 1 year
- ☐ Not in the labour force
- ☐ Currently caring for children

**11. What is your source of income?** (Please select one only)

- ☐ Age pension
- ☐ Business income
- ☐ Carer payment
- ☐ Disability pension
- ☐ Family and friends
- ☐ Jobseeker payment
- ☐ No income
- ☐ Other
- ☐ Paid employment
- ☐ Parenting payment
- ☐ Private Savings/superannuation

**Income per fortnight before Tax: $**

**12. Who are you seeking assistance for?** **(Please add children's full details below if you are engaging in family dispute resolution in relation to parenting or grandparenting matters)**

- ☐ Yourself
- ☐ Yourself and a partner
- ☐ Yourself and family grouping
- ☐ Yourself and another person
- ☐ A dependent child / children

If you are seeking assistance for someone other than yourself, please provide details

| Name | Gender M/F | Date of Birth | Ethnicity | Relationship (i.e. Partner/child) | Disability |
|---|---|---|---|---|---|



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**13. Please provide information about the person you would like to mediate with:**

Their full name:

Their date of birth:

Their street address:

Their phone number:

Their email address:

**14. Is there a current Family Violence Restraining Order/Conduct Agreement Order in place?** ☐ Yes ☐ No
(If yes, please forward a copy of this to the relevant office)

**15. Is your mediation in relation to:**

Parenting/Grandparenting or other child related matters? ☐ Yes ☐ No

Property matters? ☐ Yes ☐ No

Parenting and Property matters? ☐ Yes ☐ No

**16. *What is the main reason you are accessing our service?** (Please select one only)

| | | | |
|---|---|---|---|
| Children/youth ☐ | Children in Care ☐ | Relationships ☐ | Grief and Loss ☐ |
| Gambling Harm ☐ | Physical health ☐ | Financial Hardship ☐ | Financial Counselling ☐ |
| Family relationships ☐ | Reunification ☐ | Parenting ☐ | Adult Justice support ☐ |
| At risk behaviour ☐ | Mental health ☐ | Youth Justice support ☐ | Housing / Homelessness ☐ |
| Family and Domestic Violence ☐ | | AOD Alcohol and other Drugs ☐ | |
| Age-appropriate development ☐ | | Family Dispute Resolution Parenting/Property ☐ | |
| Trauma and Attachment ☐ | | Men's Behaviour Change Program ☐ | |
| Family Separation – Family Court ☐ | | Group ☐ (Group Name) | |

**17. Other reasons you are accessing our service?** (Please identify)



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**18. Emergency Contacts:** *(include Carer details where applicable)*

| Surname | Given name | Relationship | Contact number | Address |
|---|---|---|---|---|
| | | | | |

(To be entered on Penelope Database as “Collateral Contacts”)

**19. How did you hear of our service?**

- ☐ Another agency or Organisation
- ☐ Non-agency - Family /Friend / GP / Other Website /
- ☐ Word of Mouth / previous client
- ☐ Government Department Referral

**Thank you for completing this form.**

1. Save the completed form.
2. Return this form by email to the office of your choice if you are initiating the service, or as indicated in your invitation letter.
3. Once we receive your form, you will be contacted by the administrative team of that office for the next steps.

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**OFFICE ONLY:**

Explain to the client the circumstances (e.g. COVID) which would prevent a face-to-face appointment from going ahead.

**Date and Time of Appointment offered:**

Video ☐ Phone ☐ Face-to-Face ☐

☐ No appointment offered – client has been advised a follow-up call will be made

☐ Timeframe provided

Notes:



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