



**TOY LIBRARY Client Information Form 2022**

**ABOUT YOU** [ie the parent/guardian joining]

Given Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Intersex/Indeterminate  Not Stated

Country of Birth: \_\_\_\_\_

Language/s spoken at home:  English  other \_\_\_\_\_

Are you a First Nation's Person?  No  Yes, Aboriginal  Yes, Torres Strait Islander

**HOW TO CONTACT YOU & WHERE YOU LIVE**

Landline Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status (optional):  Married  Widow  Defacto  Divorced  Not stated

Living Arrangements: \_\_\_\_\_

Choose one: *Private Residence | Boarding House | Crisis or transition | Institutional Setting | Private Rental | Public Rental | Public Shelter | Supported Accommodation | Not stated*

**EMERGENCY CONTACTS**

Please supply a name to be called only in case of emergency

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Landline Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

>>> Please complete the information on the back of this form

## TERMS OF MEMBERSHIP

I agree to the following:  [must be ticked] Sutherland Shire Toy Library Terms & Conditions  
 [optional] to volunteer at least 8 times per year in the Toy Library

## ABOUT THE CHILD/REN USING ECS SERVICES

**Child 1** Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  Not Stated

Country of Birth: \_\_\_\_\_ Language spoken at home:  English  other \_\_\_\_\_

Is s/he a First Nation's Person?  No  Yes, Aboriginal  Yes, Torres Strait Islander

Does s/he have a permanent disability / condition?  no  yes \_\_\_\_\_  
*Intellectual or learning | Psychiatric | Sensory or Speech | Physical | Not stated*

**Child 2** Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  Not Stated

Country of Birth: \_\_\_\_\_ Language spoken at home:  English  other \_\_\_\_\_

Is s/he a First Nation's Person?  No  Yes, Aboriginal  Yes, Torres Strait Islander

Does s/he have a permanent disability / condition?  no  yes \_\_\_\_\_  
*Intellectual or learning | Psychiatric | Sensory or Speech | Physical | Not stated*

**Child 3** Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  Not Stated

Country of Birth: \_\_\_\_\_ Language spoken at home:  English  other \_\_\_\_\_

Is s/he a First Nation's Person?  No  Yes, Aboriginal  Yes, Torres Strait Islander

Does s/he have a permanent disability / condition?  no  yes \_\_\_\_\_  
*Intellectual or learning | Psychiatric | Sensory or Speech | Physical | Not stated*

## CONSENTS

I understand the following are a part of me being an ECS client:

- ECS procedures in an emergency
- Statistical information about me goes into the DSS Data Exchange, but does not identify me
- Statistical information about me may be used by ECS for research & evaluation of the service
- I agree to allow ECS to take my photo & publish it in ECS documents, including web & social media

Client signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ECS worker to complete MEMBERSHIP DETAILS**  Renewal  New application Date: .....

<b>1. Circle Membership period</b>	12 mths	12 mths + volunteer	12 mths Centrelink cardholder concession	6 mths	6 mths Centrelink cardholder concession	Visitor (4 weeks or less)
<b>2. Write card number</b>						
<b>3. Circle fee to be paid from today</b>	\$74	\$20	\$40	\$40	\$20	\$25 + \$50 refundable deposit
<b>4. Sight ID with address &amp; tick</b>	<input type="checkbox"/> Drivers licence <input type="checkbox"/> RTO Photo ID <input type="checkbox"/> other [showing correct address]: .....					
<b>5. Sight form &amp; tick</b>	Library Terms & Conditions signed & returned to Member					
<b>6 Process payment</b>	Receipt no: ..... or direct debit <input type="checkbox"/> ?			Membership no: .....		

**Bank details:- A/C name: Engadine Community Services  
 BSB: 062 164 - A/C 28013403 - Use Toy Library & Name as Reference**