



## **TOY LIBRARY Client Information Form 2023**

### **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

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

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

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

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

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

Marital Status (*optional*):  Married  Widow  De Facto  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*

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### **EMERGENCY CONTACTS**

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

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

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

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**>>> 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*

**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>Circle Membership period</b>	12 mths	12 mths Centrelink cardholder concession	6 mths	6 mths Centrelink cardholder concession	Visitor (4 weeks or less)
<b>Circle fee to be paid from today</b>	\$80	\$45	\$45	\$25	\$30 + \$55 refundable deposit
<b>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>Sight form &amp; tick</b>	<input type="checkbox"/> Library Terms & Conditions signed & returned to Member				
<b>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 | Ref: 'Toy Library' & Name**