

Address:	_____		
	_____ P/code: _____		
Preferred Phone No:		Email:	
Preferred language: (if not English)		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Siblings			
Title:	<i>Please circle:</i> Mr / Mrs / Ms / Miss / Other (please specify): _____		
Name:	_____		
Relationship to person to be registered:	_____		
Address:	_____		
	_____ P/code _____		
Preferred Phone No:		Email:	
Preferred language: (if not English)		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person to be registered have a sibling/s with ASD?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are they registered with Autism Queensland?	<input type="checkbox"/> Yes (<i>please provide sibling/s full name/s</i>) <input type="checkbox"/> No _____		
Declaration			
I/We the legal guardian/s _____ confirm that I/we have legal authority to complete this documentation and that all information provided is true and correct.			
Signature/s: _____ Date: ____/____/____			
NB By registering with Autism Queensland you give us permission to contact you via email. This correspondence will include newsletters, updates on new services and program, as well as other information we feel will be of interest to you.			

Personal and sensitive information collected on this form will be retained and used for the purpose of providing you with Autism Queensland Limited's services and providing information about these services. It may also be used for other purposes such as providing you with information about other services and events, to meet our requirements for government funding in providing services, to monitor and evaluate existing services and plan for future services or for research purposes. Without this information Autism Queensland may be unable to provide you with its service. The information collected on this form will only be used by Autism Queensland and will not be disclosed to any other person or organisation unless we have your consent or we are permitted by law. If you wish to access or seek correction of your personal information or make a complaint about our handling of your personal information please see Autism Queensland's Privacy Policy, at www.autismqld.com.au or phone (07) 3273 0000.