## **REGISTRATION FORM**

Relationship to person to

be registered:

Registration with Autism Queensland is available for children and adults who have a diagnosis of ASD, are awaiting diagnosis, or who may benefit from our services.



Please complete both sides of this form and return to:

Email: registration@autismqld.com.au; or Post: Autism Queensland, PO Box 354, Sunnybank Qld 4109.

## Details of person to be registered with Autism Queensland

<u> </u>							
Title:	Please circle: Mr / Mrs / Ms / Miss / Other (please specify)						
Full Name:							
Preferred name:							
Diagnosis of ASD?	☐ Yes ☐ No						
What service/support							
are you looking for?							
Gender:	☐ Male ☐ Female	Date of Birth:					
Preferred Phone No:		Email:					
Live with:	☐ Parents ☐ Mother ☐ Father ☐ Other (please specify):						
Address:							
	_ , .						
		P/code:					
Preferred language: (if not English)		Interpreter requir	ed:	☐ Yes ☐ No			
Do you (the person to be registered) identify as?	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander						
Residency Status:	☐ Australian citizen ☐ Permanent Australian resident ☐ Other						
For children aged under 7 years with a diagnosis of ASD	If you live in a local government area that has <b>NOT</b> transitioned to the National Disability Insurance Scheme, and your child is <b>NOT</b> registered with the Autism Advisor Program please call 1800 428 847 or email <a href="mailto:aap@autismqld.com.au">aap@autismqld.com.au</a> as they may be eligible for HCWA funding.						
FAMILY INFORMATION							
Parent/Legal Guardian/Caregiver 1							
Title:	Please circle: Mr / Mrs / Ms / Miss / Other (please specify):						
Name:							

Address:							
					P/code:		
Preferred Phone No:		Email:					
Preferred language: (if not English)		Interpreter required:	☐ Yes	□ No			
Title:	Please circle: 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:	☐ Yes	□ No			
Siblings							
Does the person to be registered have a sibling/s with ASD?	☐ Yes ☐ No						
Are they registered with Autism Queensland?	☐ Yes (please provide sibling/s full name/s) ☐ No						
Declaration							
I/We the legal guardian/sconfirm 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, undates 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.