

REGISTRATION FORM

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

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

Address:	<div></div> <div></div> <div>P/code: <div></div></div>		
Preferred Phone No:		Email:	
Preferred language: (if not English)		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title:	Please circle: Mr / Mrs / Ms / Miss / Other (please specify): <div></div>		
Name:			
Relationship to person to be registered:			
Address:	<div></div> <div></div> <div>P/code <div></div></div>		
Preferred Phone No:		Email:	
Preferred language: (if not English)		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Siblings			
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 (please provide sibling/s full name/s) <input type="checkbox"/> No <div></div>		
Declaration I/We the legal guardian/s <div></div> confirm that I/we have legal authority to complete this documentation and that all information provided is true and correct. Signature/s: <div></div> Date: <div></div> / <div></div> / <div></div>			
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.