



## Parent Education Groups - Application Form

Please note this is an application form, and does not mean you have been registered for a group / seminar. You will be contacted by Bethany's Parent Education staff to confirm your registration.

### Name of Program

### Program start date and time

<i>(Example only)</i> Building Connections	<i>(Example only)</i> Mon 1 September 9.30-12.30
Program 1	
Program 2	

Check that you are available to commit to all dates/times for this group. Groups are not suitable for children and childcare is not available.

Your first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: M / F

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

\_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander Origin  Yes  No

Former partner/s name: \_\_\_\_\_

Former partner/s name: \_\_\_\_\_

Current Partner: \_\_\_\_\_

Please list all former partners with whom you have children in your care

**Details of your children:**

please circle

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

**Please provide some additional information to assist us in completing your registration**

**CURRENT SITUATION**

Briefly describe your current family situation and why you are interested in this group. If you are separated please indicate approximately how long for and also if you have re-partnered, and have step children in your care.

If separated, or not with your children, please describe the current access arrangements.

Have you been court ordered to attend any parenting groups? YES NO  
Please check the order and provide any specific wording regarding the parenting requirements?



Do you have any health conditions that could impact on your attendance at the group, including any medications? No:  Yes:

If yes, please provide any information that may assist us to support you.

Are you currently involved with any other Bethany programs or other community services?

Services: \_\_\_\_\_ Worker name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent to Bethany Parent Education staff contacting these professionals if required, to determine which group might be most suitable for me.



DEPARTMENT OF SOCIAL SERVICES

CLIENT CONSENT

THE AUSTRALIAN GOVERNMENT PROVIDES FUNDING TO BETHANY COMMUNITY SUPPORT INC. UNDER THE DATA EXCHANGE WITHIN THE DEPARTMENT OF Social Services (DSS) AND/OR THE ATTORNEY-GENERAL'S DEPARTMENT (AGD).

AS PART OF THE SERVICES PROVIDED TO YOU BY BETHANY WE NEED TO COLLECT SOME INFORMATION ABOUT YOU TO ASSIST DSS AND/OR AGD IN ASSESSING THE CHILDREN'S CONTACT SERVICE'S EFFECTIVENESS IN PROVIDING SUPPORT. TO ASSIST THIS PROCESS, BETHANY WILL ENTER THIS INFORMATION INTO THE DATA EXCHANGE (DEX) SYSTEM. ONCE YOUR INFORMATION IS ENTERED IN THE DATA EXCHANGE SYSTEM, YOUR FIRST AND LAST NAME WILL BE REPLACED WITH A UNIQUE CODE THAT WILL DE-IDENTIFY YOUR INFORMATION, MAKING IT ANONYMOUS WHEN DISPLAYED TO DSS AND/OR AGD.

DSS AND AGD ARE BOUND TO PROTECT THE PRIVACY OF INDIVIDUALS UNDER THE PRIVACY ACT 1988 (COMMONWEALTH) AND BETHANY HAS SIGNED A LEGAL AGREEMENT TO COMPLY WITH THE SAME RULES. YOUR INFORMATION WILL NOT BE PROVIDED TO A THIRD PARTY (OUTSIDE DSS AND AGD) UNLESS REQUIRED OR AUTHORISED BY LAW, FOR EXAMPLE, TO PROTECT SOMEONE FROM HARM.

IN ORDER FOR YOU TO MAKE A DECISION ABOUT WHETHER YOU WILL PROVIDE CONSENT, PLEASE NOTE:

- THE REASONS FOR COLLECTING YOUR INFORMATION SET OUT ABOVE AND DETAILS ABOUT HOW THAT INFORMATION WILL BE USED;
• THAT YOUR INFORMATION IS KEPT SECURELY AND ONLY USED BY PEOPLE WHO NEED THE INFORMATION;
• THAT YOUR INFORMATION WILL BE ENTERED INTO THE DATA EXCHANGE SYSTEM;
• THAT YOUR INFORMATION WILL BE DE-IDENTIFIED WHEN DISPLAYED TO DSS AND/OR AGD;
• THAT YOUR INFORMATION WILL NOT BE IDENTIFIED IN ANY REPORT OR PUBLICATION;
• THAT YOUR INFORMATION WILL NOT BE FURTHER DISCLOSED UNLESS AUTHORISED OR REQUIRED BY LAW.

YOUR INVOLVEMENT IN PROVIDING THIS INFORMATION IS COMPLETELY VOLUNTARY.

ACKNOWLEDGEMENT AND CONSENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION OUTLINED ABOVE.

[ ] Yes [ ] No

I CONSENT TO THE COLLECTION AND STORAGE OF MY INFORMATION BY BETHANY IN THE ATTACHED APPLICATION FORM. THIS INFORMATION BEING SHARED WITH BETHANY'S INTAKE TEAM, AND DISCLOSING THE INFORMATION IN A DE-IDENTIFIED WAY TO DSS AND/OR AGD FOR THE PURPOSES OUTLINED IN THIS FORM.

[ ] Yes [ ] No

I CONSENT TO BEING CONTACTED BY BETHANY AT A LATER DATE TO PARTICIPATE IN FOLLOW UP, EVALUATION AND/OR RESEARCH PURPOSES.

[ ] Yes [ ] No

I UNDERSTAND THAT I CAN WITHDRAW MY CONSENT AT ANY TIME.

CLIENT NAME: .....

SIGNATURE: .....

DATE: .....